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Toronto

ONTARIO

SUPERIOR COURT OF JUSTICE

BETWEEN:

Vaccine Choice Canada (VCC)[redacted], and Denis RANCOURT

Plaintiffs

-and-

Justin TRUDEAU, Prime Minister of Canada, Dr. Theresa TAM, Chief Medical Officer for Canada, Marc GARNEAU, Canadian Transport Minister, Doug FORD, Premier of Ontario, Christine ELLIOT, Minister of Health and Long-Term Care for Ontario, Stephen LECCE, Minister of Education for Ontario, Dr. David WILLIAMS, Ontario Chief Medical Officer, CITY OF TORONTO, John TORY, Mayor City of Toronto, Dr. Eileen DE VILLA, Toronto Chief Medical Officer, The County of WELLINGTON-DUFFERIN-GUELPH ("CWDG"),
Nicola MERCER (Chief) Medical officer for CWDG,
WINDSOR-ESSEX COUNTY, Dr. Wajid AHMED (Chief) Medical Officer for Windsor-Essex County, Her Majesty the Queen in Right of Canada, Her Majesty the Queen in Right of Ontario, Attorney General of Canada, Attorney General of Ontario, The Canadian Broadcasting Corporation ("CBC"), Johns and James DOE, officials and employees of the above-noted Defendants

Defendants

STATEMENT OF CLAIM

TO THE DEFENDANT:

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the plaintiff. The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Ontario lawyer acting for you must prepare a statement of defence in Form 18A prescribed by the Rules of Civil Procedure, serve it on the plaintiff's lawyer or, where the plaintiff does not have

a lawyer, serve it on the plaintiff, and file it, with proof of service, in this court office, WITHIN TWENTY DAYS after this statement of claim is served on you, if you are served in Ontario.

If you are served in another province or territory of Canada or in the United States of America, the period for serving and filing your statement of defence is forty days. If you are served outside of Canada and the United States of America, the period is sixty days.

Instead of serving and filing a statement of defence, you may serve and file a notice of intent to defend in Form 18B prescribed by the Rules of Civil Procedure. This will entitle you to ten more days within which to serve and file your statement of defence.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

TAKE NOTICE: THIS ACTION WILL AUTOMATICALLY BE DISMISSED if it has not been set down for trial or terminated by any means within five years after the action was commenced unless otherwise ordered by the court.

Date: , 2020 Issued by:

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393 University
10th Floor Toronto, Ontario
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TO: Attorney General of Canada
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AND TO: The Attorney General for Ontario
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Tel: 416-326-4460
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AND TO: John Tory and City of Toronto,
City Solicitor's office, City of Toronto
100 Queen Street, W
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AND TO: Dr Wajid Ahmed Medical Officer of Health
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AND TO: Dr Nicola Mercer Medical Officer of Health
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CLAIM

1. As against the Crown and Municipal Defendants the Plaintiffs claim:

a) A Declaration that the "COVID Measures" undertaken and orchestrated by Prime Minister Trudeau ("Trudeau") , and the Federal Crown, constitute a constitutional violation of "dispensing with Parliament, under the pretense of Royal Prerogative", contrary to the **English Bill of Rights (1689)** as read into our unwritten constitutional rights through the Pre-Amble of **the Constitution Act,1867,** emanating from the unwritten constitutional principles of Rule of Law, Constitutionalism and Democracy , as enunciated by the Supreme Court of Canada in, **inter alia , Quebec Secession Reference;**

b) A Declaration that:

(i) s. 7.0.1 through s.70.11 of the **Emergency Management and Civil Protection Act,** RSO 1990.C.e.9 (the **"Act),** and in particular vesting an indefinite emergency power in the Premier and Lt.-Governor, and further that the "COVID Measures", undertaken and orchestrated by Premier Doug FORD ("Ford") and the Provincial Crown, constitute a constitutional violation of "dispensing with Parliament, under the pretense of Royal Prerogative", contrary to the **English Bill of Rights (1689)** as read into our unwritten constitutional rights through the Pre-Amble of **the Constitution Act,1867,** emanating from the unwritten constitutional principles of Rule of Law, Constitutionalism and

Democracy , as enunciated by the Supreme Court of Canada in, **inter alia , Quebec Secession Reference;**

(ii) A further Declaration that the "emergency", COVID-19 "pandemic" declaration issued by Ontario, did not, and does not, meet the statutory requisite criteria set out in s.7.0.1(3) of that **Act,** and is in further contravention of s. 7.0.2(1) and (3) of that **Act** ,and that the declaration of emergency, and its extensions, be declared **ultra vires** the **Act;**

c) A Declaration that the COVID Measures taken by both Trudeau and Ford, and their respective governments, at the blind and unquestioned dictates of the World Health Organization ("WHO") bureaucrats, constitute a constitutional violation of the abdication of the duty to govern, as enunciated in, **inter alia**, the **Re Gray** and **Canada (Wheat Board)** v. **Hallett and Carey Ltd.** decisions of the Supreme Court of Canada;

d) A Declaration that the COVID Measures undertaken by Trudeau, and his officials, violate ss. 2, 7, 8, 9, and 15 of the **Charter,** specifically the measures:

(i) "self isolation";

(ii) "social distancing";

(iii) the compulsory wearing of face masks;

(iv) arbitrary and unjustified closure of businesses;

In that the Measures are not:

(i) scientifically, nor medically, based nor proven to be effective whatsoever;

(ii) pose physical and psychological harm; and

(iii) are extreme, unwarranted and unjustified;

And that the measures violate of s.2 (right of association) s. 7 (life, liberty, and security of person), s.8 (unlawful search and seizure), s. 9 (arbitrary detention by enforcement officers), s.15(equality before and under the law), are further not in accordance with the tenets of fundamental justice in their overbreadth, nor are they justified under s. 1 of the **Charter** in that they are not demonstrably justified in a free and democratic society;

e) A Declaration that the declaration of a public emergency in Ontario, and the very Legislation, Regulations and Orders enacted pursuant to the **Emergency Management and Civil Protection Act, 250 1990 c. E-9,** infringe s. 2, 7,s.8, 9, and 15 of the **Charter** specifically the measures of :

(v) "self isolation";

(vi) "social distancing";

(vii) the compulsory wearing of face masks;

(viii) arbitrary and unjustified closure of businesses;

(ix) the closure of schools, daycares, park amenities, and playgrounds;

(x) the discontinuance of access to education, medical, dental, chiropractic, naturopathic, hearing, dietary, therapeutic and other support, for the physically and mentally disabled, particularly special needs children with neurological disorders; and

(xi) the closing down of religious places of worship;

In that the Measures are not:

(i) scientifically, nor medically, based nor proven to be effective whatsoever;

(ii) pose physical and psychological harm; and

(iii) are extreme, unwarranted and unjustified.

And that the measures violate of s.2 (right of association) s. 7 (life, liberty, and security of person), s.8 (unlawful search and seizure), s. 9 (arbitrary detention by enforcement officers), s.15(equality before and under the law), are not in accordance with the tenets of fundamental justice in their overbreadth, nor are they justified under s. 1 of the **Charter** in that they are not demonstrably justified a in free and democratic society;

f) A Declaration that the Municipal COVID Measures enacted by By-Law, and Orders, by the City of Toronto, and conduct of John Tory, are **ultra vires** the Provincial **Act** and **Regulations,** and are further unconstitutional and are of no force and effect, for breaches of s.2 (right of association) s. 7 (life, liberty, and security of person), s. 8 (unlawful search and

seizure), s.9 (arbitrary detention by By-Law officers), and s. 15 of the **Charter**, specifically the measures of :

(i) "self isolation";

(ii) "social distancing";

(iii) the compulsory wearing of face masks;

(iv) arbitrary and unjustified closure of businesses;

(v) the closure of schools, daycares, park amenities, and playgrounds;

(vi) the discontinuance of access to education, medical, dental, chiropractic, naturopathic, hearing, dietary, therapeutic, and other support, for the physically and mentally disabled, particularly special needs children with neurological disorders;

(vii) the closing down of religious places of worship;

In that the Measures are not:

(i) scientifically, nor medically, based nor proven to be effective whatsoever;

(ii) pose physical and psychological harm; and

(iii) are extreme, unwarranted and unjustified.

And that the measures violate of s.2 (right of association) s. 7 (life, liberty, and security of person), s.8 (unlawful search and seizure), s. 9 (arbitrary detention by enforcement officers), s.15(equality before and under the law), are not in accordance with the tenets of fundamental

justice in their overbreadth, nor are they justified under s. 1 of the **Charter** in that they are not demonstrably justified in a free and democratic society;

g) A Declaration that, in the imposition of the COVID Measures, Trudeau, Ford, and Tory, and all the named Medical officer Defendants, have engaged in **ultra vires** and unconstitutional conduct and have acted in, abuse and excess of their authority;

h) A Declaration that the concept of "social distancing" is neither scientifically, nor medically based, and is an ineffective and a fictional concept, which has no scientific nor medical basis and hitherto unknown with respect to a seasonal viral respiratory illness;

i) A Declaration that:

(i) the orders from the Medical Officers from the Counties of Wellington-Dufferin-Guelph and Winsor-Essex, and any and all County or Municipal By-Law or Health Officers and orders, respecting mandatory wearing face-masks, is unconstitutional; and

(ii) a further Declaration that the mandatory wearing of face-masks is both ineffective and poses a health risk, and is a violation of s. 7 of the **Charter** (liberty and security of the person) in violating the physical and psychological integrity, by seriously restricting a person's primordial right to breath, as well as restricting the very right of liberty, to choose **how** to breath, as well as pose a physical and medical danger;

j) A Declaration that any **mandatory** vaccine scheme against any purported COVID-19, by way of **mandatory** vaccine, **without informed consent**, is unconstitutional, and no force and effect in that:

(i) It in infringes s. 2 of the **Charter** in violating freedom of conscience, religion and thought;

(ii) Infringes s. 7, life, liberty, and security of the person in violating physical and psychological integrity in denying the right to choose, based on informed medical consent;

(iii) Breaches the same parallel rights recognized prior to the **Charter**, as written constitutional rights through the Pre-Amble to the **Constitution Act, 1867;**

(iv) Breaches parallel international treaty rights to no medical treatment without informed consent, and right to bodily integrity, which international treaty rights are to be read in, as a minimal s. 7 **Charter** protection, as enunciated by the Supreme Court of Canada in, **inter alia** the **Hape** decision;

(v) And that, under no circumstances are mandatory vaccines, nor coerced compliance to vaccines, in accordance with the tenets of fundamental justice, nor demonstrably justified under s. 1 of the **Charter;**

k) A Declaration that social distancing, self-isolation, and limits as to the number of persons who can physically congregate, and where they can congregate, violate s. 2 **Charter** rights to freedom of association, thought,

belief, and religion in banning association, including religious gatherings, and further restricting physical and psychological liberty and security of the person rights under s.7 of the **Charter,** and are not in accordance with the tenets of fundamental justice, nor demonstrably justified under s. 1 of the **Charter;**

l) A Declaration that the arbitrary, irrational, and standardless sweep of closing businesses and stores as "non-essential", and the manner of determining and executing those closures, constitutes unreasonable search and seizure contrary to s. 8 of the **Charter** and not demonstrably justified under s.1 of the **Charter;**

m) A Declaration that the declared rationales and motives, and execution of COVID Measures, by the WHO, are not related to a **bona fide,** nor an actual "pandemic", and declaration of a **bona fide** pandemic, but for other political and socio-economic reasons, motives, and measures at the behest of global Billionaire, Corporate and Organizational Oligarchs;

n) A Declaration that prohibitions and obstacles to protest against COVID Measures in Ontario, and in Toronto, are a violation of the constitutional rights to freedom of expression, conscience, belief , and association, assembly, and petition, under s. 2 of the **Charter,** and not demonstrably justified by s. 1, as well as a violation of these constitutional rights, recognized **prior to** the **Charter,** through the Pre-Amble to the **Constitution Act, 1867** and against international treaty rights protected by s. 7 of the **Charter;**

o) A Declaration that any and all COVID Measures coercively restraining and curtailing the physical and psychological integrity of the Plaintiffs, and any and all physical and psychological restraints, including but not restricted to:

(i) "self-isolation";

(ii) no gatherings of more than five (5) and later ten (10)persons, or any set number;

(iii) the shutting down of children's playgrounds, daycares and schools;

(iv) "social distancing";

(v) the compelled wearing of face-masks;

(vi) prohibition and curtailment of freedom of assembly, including religious assembly, and petition;

(vii) the imposition of charges and fines for the purported breach thereof;

(viii) restriction of travel on public transport without compliance to physical distancing and masking

(ix) restrictions on shopping without compliance to masking and physical distancing;

(x) restrictions on attending restaurants and other food service establishments without compliance to masking, physical distancing, and providing name/address/contact information for contact tracing purposes.

Constitute a violation of ss. 2,7,8, 9, and ss. 15 of the **Charter** , to freedom of association, conscience religion, assembly, and express on under s. 2, liberty and security of the person in violating the physical and psychological integrity of the liberty and security of the person, not in accordance tenets of fundamental justice, contrary to s. 7, and further breach of the rights against unreasonable search and seizure contrary to s. 8, arbitrary detention under s. 9 of the **Charter** , and not demonstrably justified under s. 1, as well as breach of the unwritten parallel rights, recognized as constitutional rights, through the Pre-Amble of the **Constitution Act, 1867** and affected by means of removing measures against the "Liberty of the Subject" by way of **habeas corpus**;

(p) Further Declarations that:

(i) the thoughtless imposition of "social distancing" and self-isolation at home breaches s. 2 of the **Charter,** in denying the right to freedom of association and further breachs the right to physical and psychological integrity, under s. 7 of the **Charter** (liberty) in curtailing and restricting physical movement, which measures are wholly unjustified on any scientific or medical basis, and which are not in accordance with the tenets of fundamental justice in being vague, and suffering from overbreadth, and which cannot be justified under s. 1 of the **Charter;**

(ii) That the measures themselves, and the arbitrary detention, by enforcement officers, in enforcing these vague and over-broad, and often **ultra vires,** and contradictory "orders", is a violation of the right against arbitrary detention under s. 9 of the **Charter** and that, in the course of such "enforcement" the search and seizure of private information, including medical information, from individuals, being charged with purported violations of such orders, constitutes a violation of ss.7 and 8 of the **Charter,** and that neither violation of s. 7 or 8 are in accordance with the tenets of fundamental justice nor justified under s. 1 of the **Charter;**

(iii) That the use of "contact-tracing Apps" constitutes a violation of **s.** 8 of the **Charter**, and further violates ss. 7 and 8 of the **Charter** with respect to the constitutional rights to privacy, under both sections, and that such breaches are not in accordance with the tenets of fundamental justice, and are further not justified under s. 1 of the **Charter;**

(iv) That the compelled use of face masks breaches, in restricting the right to breath, at the crux of life itself, and the liberty to choose how to breath, infringes s. 7 to the **Charter** liberty, security of the person and is not in accordance with the tenets of fundamental justice and not justified by s. 1 of the **Charter;**

(v) That the above-noted infringements under s. 2, 7, 8, and 9, as well as the arbitrary decisions on what businesses to close, and which

ones to be left open, constitutes a. 15 of the **Charter** violation based on:

(i) Conscience, belief , and religion;

(ii) Association, assembly and petition;

(iii) Trade and profession;

And further that such measures are arbitrary, and discriminate before and under the law, contrary to s. 15 of the **Charter** (and not justified under s.1 of the **Charter**), and are further a violation of the unwritten constitutional right to equality recognized before the **Charter,** as unwritten constitutional rights through the Pre-Amble to the **Constitution Act, 1867** as emanating from the principles of Rule of Law, Constitutionalism, and Respect for Minorities as enunciated by the Supreme Court of Canada in **Quebec Secession Reference**;

r) A Declaration that any and/ all Municipal /County By-Laws and/or orders, with respect to compulsory face masks, are **ultra vires** the Provincial legislation in that the Province has expressly refused to make face-masking compulsory;

s) A Declaration that the unjustified, irrational, and arbitrary decisions of which businesses would remain open, and which would close, as being "essential", or not, was designed and implemented to favor mega-corporations and to **de facto** put most small businesses and activities out of business;

t) A Declaration that the WHO proposal, that it may be necessary to enter people's homes and remove children from parents, or separate families, who are tested positive for COVID-19, is flagrantly unconstitutional in violating the s.2 rights to freedom of association (the family unit) as well as violating the parent-child relationship protected by s.7 of the **Charter**, as established by the Supreme Court of Canada;

u) A Declaration that:

(i) the Defendant Federal Crown, and its agencies and officials, including but not restricted to the CRTC, have, by glaring acts and omissions, breached the rights of the Plaintiffs to freedom of speech, expression, and the press, by not taking any action to curtail what has been described by the UK scientific community as "Stalinist censorship", particularly the CBC in knowingly refusing to cover/or publish the valid and sound criticism of the COVID measures, by recognized experts;

(ii) a Declaration that the Federal Crown has in fact aided the suppressing and removing of "Facebook" and "YouTube" postings, even by experts, which in any way contradict or criticize the WHO and government measures as "misinformation" "contrary to community standards", by the federal Defendants threatening criminal sanction for such "misinformation";

thus violating s. 2 of the **Charter** by way of act, and omission, as delineated and ruled by the Supreme Court of Canada in, **inter alia** , **Vriend**;

v) A Declaration that the measures have a devastating impact on those with severe physical and neurological special needs, particularly children, and infringe s. 15 of the **Charter,** and the unwritten right to equality through the Pre-Amble to the **Constitution Act, 1867**, based on psychical and mental disability, and age, and not justified under s. 1 of the **Charter;**

2. Such further and/or other Declaratory relief as counsel may advise and this Honorable Court entertain.

3. As against the Crown and Municipal Defendants, Interim and/or final injunctive relief, from any mandatory vaccine, or compelled use of face-mask, and against any other compelled, coercive COVID-Measures, whether by legislative provision and/or Regulation / order thereunder, particularly measures which interfere with physical and psychological integrity without informed consent.

4. As against the CBC:

(a) A Declaration that:

(i) the CBC, as the publicly- funded broadcaster under the **Broadcast Act,** owes a fiduciary duty to be fair, independent, impartial, objective, and responsible, in its news coverage and investigation of the "pandemic", and COVID- Measures, which fiduciary duty it has flagrantly and knowingly breached;

(ii) that the CBC, owing a duty of care to the Plaintiffs as the national, publicly - funded broadcaster, has been grossly negligent in its coverage and reporting on the COVID-19;and

(iii) That the CBC has knowingly and intentionally suppressed, censored, and unjustifiably belittled expert opinion opposed and critical of the WHO and government line on COVID, and thus propagated "misinformation" and "false news" .

(b) General damages in the amount of $1 Million dollars;

(c) Punitive damages in the amount of $10 Million dollars;

(d) Such further or other injunctive relief as counsel may advise and this Honorable Court grant.

5. Cost of this action on a substantial indemnity basis and such further or other relief this Court deems just.

THE PARTIES

- **The Plaintiffs**

6. Vaccine Choice Canada ("VCC") is a federally registered not-for-profit educational society. VCC is committed to protecting health by informing of the existing and emerging scientific literature evaluating the risks, side effects, and potential long-term health effects of artificial immunization. VCC works to protect the right of all people to make fully informed and voluntary vaccine decisions, for themselves and their children. VCC further advocates for safe vaccines. VCC further works to advocate and support the statutory and constitutional rights tied to the right to vaccinate, and the right not to vaccinate, based on best science and medicine, with informed consent. Vaccine Choice Canada was originally incorporated as the Vaccination Risk Awareness Network ("VRAN") in 1982. It changed its name to Vaccine Choice Canada (VCC) in 2014.

7. The Plaintiff [redacted] is a resident of Ontario. Residing in Mississauga.

8. The Plaintiff, [redacted] is a mother to four (4) children and also a children's Mental Health Therapist. She works in an essential service and has found herself to be working from home since covid- 19 closed the province in March, 2020. She has been providing telephone sessions from March to April and video sessions have started as of May. She is finding that about 50% of the families that she would normally work with are not able to engage by telephone or by

video due to many barriers. She has found it challenging to work from home considering she now have four (4) small children at home who are also doing school virtually and need adult assistance. Covid measures have made it impossible to find childcare. [redacted] has had her own children interrupt client phone calls and video sessions in order to meet her children's needs. She would normally be able to work 7-9 hours from the office daily. But, since the shutdown, she is not able to do that but works significant reduced hours. Some of the families and youth and families that she has talked with are reporting an increase in anxiety/depression and suicidal ideation. Children are feeling extremely disconnected.

9. [redacted] states that personally, the Covid measures have affected her as follows:

(a) She has some significant allergies to corn and wheat and all of the hand sanitizer products contain alcohol made mostly from these two (2) products;

(b) She has been yelled at and shamed in public places for not using the sanitizer when it's a health issue for her;

(c) Her son also has the same reaction when he uses hand sanitizer;

(d) She has been told she cannot enter some stores or receive some services without using hand sanitizer first;

(e) Some of the stores that she would normally frequent have signs up saying that everyone has to wear masks;

(f) She cannot do groceries as she would normally in Wellington County because of the mandatory mask order;

(g) Local grocery shopping is pricier for her due to rural pricing;

(h) If she declines wearing a mask, she is told she "can't go into stores or receive services";

(i) She has asthma and has had lung issues over the years;

(j) She also has experienced trauma where a mask was held forcibly over her face to prevent her from screaming while she was being sexually and physically assaulted in a past crime;

(k) She now has to disclose personal health information in order to enter stores with which she disagrees, and is otherwise denied service;

(l) She no longer feels safe going out because of all of the above.

10. [redacted] further states that she objects to face-masks based on the fact that they are ineffective with respect to respiratory viruses, further pose physical and psychological health risks, and further violate her rights under s. 2 and 7 of the **Charter.**

11. [redacted]

12. [redacted]

13. [redacted]

14. [redacted]

15. [redacted]

16. [redacted]

[redacted]

17. [redacted]

(b) [redacted]

[redacted]

(c) [redacted]

[redacted]

(d) [redacted]

[redacted]

18. The Plaintiff, [redacted] is an Ontario resident residing in North Augusta. She recently moved there from Toronto.

19. On May 26th, 2020, at around 5:30pm, [redacted] and her 10yr old child had gone to Longo's, a supermarket at York Mills and Leslie in Toronto, for groceries, but we were stopped as they had entered the doors and an employee demanded that they wear a mask before entering. The store employee, and Manager, stipulated that they had the discretion, as a private business, as per the statements of Premier FORD, and Mayor TORY, to impose mask requirements. The Plaintiff and her daughter left the store as she refuses to wear masks because they are ineffective and dangerous to her health, and a violation of her constitutional rights. The Plaintiff and her daughter were forced to leave the store. The Plaintiff states, and fact is, that there were no Regulations or Orders requiring the wearing of masks to enter businesses that were deemed "essential". The Plaintiff states that public statements made by Ford and Tory had individuals enacting their own, arbitrary, and irrational laws with respect to "essential" services such as food, and further that Ford and Tory were not only reckless but also exceeded their authority in making these statements.

20. On June 13th, 2020, at around noon, the Plaintiff [redacted] was driving on highway 401 Eastbound, and pulled into the Cambridge "OnRoute" to use the washroom

and buy lunch. At the entrance there was a man with a mask that demanded the Plaintiff wear a mask. The Plaintiff informed him that she does not wear a mask and he informed the Plaintiff that it was "the law" to wear a mask if she wanted to enter the Onroute. The Plaintiff informed him that just the day before she had stopped at an Onroute and was not forced to wear a mask. He insisted that it was the law . [redacted] then asked him to show her the law. He pointed in the general direction of the door and said it was written on the door. He stated: "you can go see it on the door." [redacted] walked to the door, did not see anything that would stand out, and since she desperately needed to use the washroom she proceeded to walk to the washroom and used the facilities. [redacted] left the OnRoute without buying anything to eat. [redacted] then drove on to the OnRoute in Trenton, where she entered without a mask, and no one stopped her from using the facilities and purchasing her late lunch. The Plaintiff states, and the fact is, that such confusion, and consequent hardship and damage, is the result of the reckless and excess of authority statements made by Trudeau, Ford, Tory, and their Medical Officers, with respect to what Covid-measures have, or have not, actually put into law, and simply express the at-the-moment ill-informed views of these Defendants.

21. The Plaintiff [redacted] absolutely refuses the wearing of a face-masks. She further denies the efficacy of social distancing and sees both as a violation of her s. 2 and 7 **Charter** rights, as well as the fact that the indisputable science is that neither measure prevent the contraction of any virus and are otherwise detrimental to her health.

22. The Plaintiff, [redacted] is an Ontario Resident residing in the County of Wellington-Dufferin-Guelph.

23. The Plaintiff, [redacted] states that when lockdown started on March 17th, 2020, she was a new mother with a 6 -month old baby. The Plaintiff and child were just starting to get out into the world going to local infant events provided by the city and local businesses, going grocery shopping, meeting with friends for lunch, and other routine social activities. The Plaintiff states that the last day they went out was March 13th, 2020. They have not left the house except to go for walks since that day: no socializing, no music classes, no story readings, and no swim lessons- all cancelled or closed due to the emergency orders. Even meeting in a park and keeping physical distance was not allowed. As a new mother who suffered from birth trauma and is recovering from birth related PTSD, the Plaintiff states that being cut off from her new community has been traumatizing and psychologically and socially unhealthy. This had a negative effect on her mental health which she already had a history with prior to her daughter's birth. The Plaintiff was unable to continue with her health care services that were deemed "non-essential" by the provincial government, but to someone recovering from major surgery, they are extremely essential. This has left the Plaintiff in physical pain which has affected her ability to care for her family. The Plaintiff's daughter was also unable to continue with health services that she had previously, as they were also deemed non-essential by the provincial government. The early life experiences the Plaintiff planned to give her daughter for her growth and development were taken away.

24. The Plaintiff, [redacted] states that Wellington- Dufferin- Guelph County's mandatory mask order is adding insult to injury. The Plaintiff is opposed to the order for several reasons:

(a) It takes away her right to bodily autonomy, which the Plaintiff takes extremely seriously, as she is firm in her conviction in medical freedom and her right to choose what goes in and on her body. She finds it very scary to have that right taken away.

(b) It is not backed by scientific evidence. The Plaintiff was easily able to find science-based articles studies showing that masks, especially cloth ones, are not effective at protecting oneself or others. In fact, they can have a negative impact on physical and mental health. The Plaintiff further states that our public health officials should have been more prudent in their research if they truly want to protect the public's health.

(c) It has had a negative effect on her mental health. As someone who has suffered with, at times, debilitating anxiety that gives the sensation of not being able to breathe, wearing a mask is a huge trigger for the Plaintiff. Knowing that if she goes out without one, and claims medical exemption, the Plaintiff will be faced with questioning and perhaps even refusal of entry, which is also is also anxiety- inducing. The Plaintiff is then left with little options. Despite the fact that her County has been moved to "Phase 2", the Plaintiff states that her life has changed very little as she is still housebound and unable to attempt to return to some sense of normalcy due

the mandatory mask order of the County's Medical Officer, Nicola Mercer.

25. The Plaintiff [redacted] absolutely refuses the wearing of a face-masks. She further denies the efficacy of social distancing and sees both as a violation of her s. 2 and 7 **Charter** rights, as well as the fact that the indisputable science is that they do not prevent the contraction of any air-borne virus and are otherwise detrimental to your health.

26. The Plaintiff, [redacted] resides in Toronto and is a real-estate agent.

27. The Plaintiff, [redacted] states, and fact is, that Condo Boards across the GTA are allowed to make up their own rules for each individual building and quite a few are opting to have a "no showing" rule for condos listed for sale. Some allow showings only after a conditional offer is received. This is unfair to the owners of these units and it makes it very difficult to sell these units, sight unseen. Also, all condo buildings only allow two people per elevator ride. The Plaintiff has waited as long as 1.5 hours to get on an elevator. While this rule has been implemented for Covid-19, the Plaintiff states it has never been implemented for previous "pandemics" such as SARS. The Plaintiff states, and fact is that her clients are not happy with these restrictions, not to mention that many of the Plaintiff's clients are losing their incomes and livelihoods making them unable to buy and sell. The Plaintiff further states and fact is, that the uncertainty of the market, as a result of the Covid-measures, is also impacting purchases and sale prices greatly. The Plaintiff states that, despite real estate being deemed an "essential service, that showing procedures are very strict

when properties do allow showings such as: requesting a signed contract which enforces wearing masks and gloves, not using the toilet, only allowing one (1) client at a time in the property, and in most cases they are unable to touch anything inside the property.

28. [redacted] states that it has made it next-to-impossible to work under these conditions and that her income has dropped drastically. The Plaintiff further states that she refuses to wear a face-mask, and that the Covid-measures violate her rights under ss.2 and 7 of the **Charter.**

29. The Plaintiff, [redacted] is a Doctor of Chiropractory, residing in the County of Welling-Dufferin-Guelph, Ontario.

30. The Plaintiff, [redacted] opposes the COVID-measures enacted by the government(s) as set out below.

31. The Plaintiff , as a citizen, opposes these measures because :

(a) As an individual with a history of mental health struggles the emergency measures, including but not limited to: limitations in visiting people, physical and social distancing (i.e. not touching people or visits in groups larger than 5), threats of fines for non-compliance, disruptions in health care services that [redacted] had been using and needs, in order to support her own health and well-being, have imposed stress and strain on her mental and physical health and well-being. Prior to the declaration of emergency measures and lockdown, [redacted] was utilizing a variety of approaches to support herself and to heal these struggles, no longer available to her.

(b) More specifically, since approximately September, 2018 [redacted] has been receiving regular nutritional therapy via I-V. [redacted] was scheduled to receive her monthly I-V therapy a few days after the emergency measures were enacted, and therefore, [redacted] did not receive them. [redacted] had now been three (3) months without this nutritional support and is feeling the negative effects in her body.

(c) Further to this, in order to obtain this service, as a resident of Wellington-Dufferin-Guelph County, [redacted] now must wear a mask to any such appointment, which she refuses to do for reasons set out below.

(d) [redacted] was also in the process of scheduling necessary and non-routine dental work (amalgam extraction and replacement), immediately prior to the pandemic, and this service again, became inaccessible to her. Again, because of Ministry of Health ("MOH") guidelines for dentistry, [redacted] must mask to enter the dental clinic , which she refuses to do.

(e) [redacted] had also been going for regular craniosacral therapy appointments to support her health and well-being, which also, were cancelled and she has not had access to since the start of the emergency measures. [redacted] does not feel the government has the right to take away her health care and decide what is 'essential' vs. 'non-essential' in this regard.

(f) [redacted] also take serious objection with the suspension of Parliament and the lack of transparent process with how her government is currently

conducting itself. [redacted] states that the measures enacted have not been congruent with the scientific and medical data, with best scientific practices, and the best evidence available. [redacted] has written multiple letters to elected officials which are continually ignored or to which she receives the rare tepid response. [redacted] states, and the fact is , that this has all set a precedent for this to happen every influenza season, which would be devastating for her and many.

(g) On June 13th, 2020, [redacted] went to the Dollar Store on Stone Road in Guelph, to buy supplies for her children, and at first was denied entrance as she was not masked, despite clear exemption criteria allowing one to enter stores without a mask, if masking creates an issue with breathing or with parameters related to health and well-being. Only when [redacted] pushed back against the store manager that this was discrimination and illegal was she allowed to enter, "at her own peril", risking personally taking on the $5,000 fine for being unmasked if a spot-check was performed by Public Health. While [redacted] was inside, this all felt stressful for her. [redacted] s family have now made the decision to take their commercial activity outside WDG, adding to the already high level of strain in her family due to the heightened time which errands will now take, having to drive out of the County for all their needs..

32. [redacted], as a mother of two young children, aged five (5) [redacted] and two and a half (2.5) [redacted] years old, further objects to the emergency measures enacted and lock down for the following reasons:

(a) Loss of childcare. Both her children attended Star Seedlings, a licensed childcare centre in Guelph, at the time the emergency measures were declared and the centre was forced to close. As a working mother, this has placed an undue level of strain and stress on her life, as she struggled to juggle her own entrepreneurial business and supporting patients clinically, while her husband worked, and her two children were at home without childcare. Her children cannot go back at this time, as the plan had been to switch them to part- time at the end of June, and only full-time children are allowed back in this 'phase' of the Covid-19.

(b) Further to this, [redacted] objects based on the stress caused to her children, specifically her five (5) year old, who has asked near daily from the beginning about the closure of the childcare centre, when he can see his friends again, when he can see his teachers again, and when they can go out for things he enjoys such as bubble tea, to play in parks, and to have play dates at friends' houses. Her son turned five (5) on May 5, 2020 and was not able to have a birthday party as he wished, and [redacted] was left to deal with his disappointment and sadness over this.

(c) Furthermore, [redacted] has witnessed clear regression of her five (5) year-old, during the emergency, into tantrums and increased aggressive behaviour towards his sister, neither of which were occurring prior to

lockdown. Both her children have experienced sleep regressions since lockdown began. [redacted] has specifically observed [redacted] sucking his thumb, which he has never done, even as an infant.

(d) With many stores not allowing children to come inside, as well as the overtly fearful messaging and bizarre policies and procedures enacted within (physical distancing, wearing of PPE), all errands have been conducted by either [redacted] or her husband without their children, which is atypical for their home and has imposed further stress and strain on their family.

(e) [redacted]'s children also only saw their grandparents once during the emergency measures, notwithstanding that they could keep the number of people within the allowed limit of five (5), their grandfather was worried about the potential of a fine, and did not want to risk seeing the grand-children in person.

(f) [redacted]'s son also lost access to health care which was necessary for him and his development. Being four or five (4-5) years old during this time, virtual appointments are a poor option for him, as he will not reliably interact through one, and screen use is something they attempt to minimize. Specifically, he lost his speech therapy as well as craniosacral therapy appointments.

(g) [redacted] further objects to the WDG mandatory mask order for citizens under the age of five (5) as this is not congruent with best science, and what is known regarding masking, nor is it mentally or socially

healthy for children to see this or wear a mask. As her son is five (5), the order would stipulate he wear a mask. Her son has only seen people masked in person once and he reacted with extreme fear. He hid between his mother's legs, would not speak above a whisper, and only in her ear, and behaved in a highly atypical fashion for him. He later told [redacted] that the masks were scary.

(h) [redacted]'s son may also lose his Senior Kindergarten year of school this coming September, 2020, depending on what is 'allowed' and 'required' at that point in time. [redacted]'s husband has stated "[redacted] is basically in prison. I don't blame him for being squirrely."

33. As a chiropractor, [redacted] objects to the emergency measures and measures enacted by the various layers of government for the following reasons:

(a) When restrictions were lifted on the practice of chiropractic, her college followed mandates set forth by the Minister of Health ("MOH") that [redacted], as a practitioner, wear a medical-grade mask when unable to maintain a two-meter distance from her patients (i.e. during the treatment portion of the visit). This mandate occurred after she had written and sent two letters to government officials (one of these letters directly to Joel Friedman of CCO), detailing the lack of efficacy and benefit as well as the numerous risks to those wearing a mask or those they interact with. [redacted] states that this is not only a violation of her right to bodily integrity and right to choose, but also has had detrimental effects on both

her physical and mental health. There were no exemption criteria given for this mandate for chiropractors.

(b) Specifically, [redacted] has found that mask-wearing causes her to feel sleepy, mentally dull, and causes headaches. Furthermore, the mandate to mask served to activate previous personal trauma for her, and has been detrimental to her mental health in this regard.

(c) Forced reduction in activity has had a negative impact on her livelihood and her income, while she remained accountable for her expenses. Furthermore, some patients who cancelled their appointments, or have been without care, and who otherwise would have had in-person follow-up, have experienced exacerbations to pre-existing conditions, without those visits.

(d) Apparent harm to patient trust and rapport, with children being afraid to come near [redacted] for treatment and adults choosing to wear a mask after stating they cannot breathe, on her freshly disinfected table. As of June 18th, 2020, [redacted] can specifically cite: one (1) patient reporting having gone on anxiety medication specifically due to pandemic anxiety ; one (1) mother of a female child reporting her child screaming in fear prior to her appointment; one (1) mother of a three (3) year old reporting screaming of her child when seeing masks; one (1) new patient rating his health and wellbeing a 3/10 since lockdown, where prior to that he rated it as a 7-8/10 ; numerous conversations with patients about stress related to covid and the measures enacted - stress of working without

childcare, stress of lost job and financial uncertainty, stress of poor ergonomics working from home ; numerous conversations with other parents about how their children have been affected - including sleep problems, speech regressions, behavioral issues; numerous patients have spoken of stress around wearing a mask, and the negative effects they feel when wearing one (which was mandated by WDG region when entering commercial enterprises).

(e) [redacted] further states, and fact is, that at the outset of the emergency measures, messaging was delivered, by the Ministry of Health, to Ontario-based chiropractors, not to talk about or share how they can help improve resiliency and fortify immunity, on threat of receiving a professional complaint with no certainty as to how that complaint would be decided. This is not in alignment with the oath sworn upon entering practice to 'first do no harm', nor is it congruent with the right to freedom of expression.

(f) When [redacted] discussed this with the lawyer for the Chiropractor College of Ontario ("CCO") , Mr. Joel Friedman, the message was that if [redacted] speaks about anything, that she does so at her own professional peril. However Mr. Friedman was clear that CCO would **fully support** [redacted]s dissemination of the narrative coming from the MOH and government, but to speak against the MOH or government would be at her own risk, even if in alignment with published science and best available medical evidence.

(g) As a health careworker, with a background in research, [redacted] further objects to the WDG mandatory mask order because it is not aligned with best evidence and known science and creates unnecessary risk to physical health, mental health, relational and social health, as [redacted] clearly articulated in a third letter sent to various levels of elected officials, to which [redacted] has received no response. Furthermore, there is no end date on the order or even a date of re-assessment as would seem prudent for an evidence-informed approach to this. No cited science was given to support this order of mandatory masking.

34. The Plaintiff, [redacted] resides in Hamilton, Ontario.

35. [redacted] is a 23 year-old male with autism diagnosis since age three (3).

36. He is 6'3'', weighs 220 lbs., and has been assessed by a Philologist functioning at the level of a four (4) year-old Although he has speech, and can read some, his emotional and functional age is four (4).

37. [redacted] has been totally, mentally, devastated by the COVID-measures, in depriving him of his routine activities and social and emotional network, without recourse. He suffers severely, from not being able to understand, nor accommodate, under the Covid-measures, why he cannot play where he has played, or anywhere else, why he cannot do the other physical and social activities he did. He will not countenance wearing a mask , does not

understand and therefore cannot comply with "social distancing" or "isolation", given his severe neurological disability and his special needs. The plaintiff, through his litigation guardian, states that Scott's ss.2 and 7 **Charter** are being violated, and given his disability, his s.15 **Charter, through the acts and omissions** of the Covid-measures, are also being violated in that NO regard, thought, nor measures, whatsoever, were enacted or executed to mitigate the utterly devastating damage to the mentally and physically disabled as a result of the Covid-measures. The fact is that [redacted]s entire support, social, medical, and therapeutic network has been ripped away from him without any regard to his special needs.

38. The Plaintiff, Professor Denis RANCOURT, Ph. D., resides in Ottawa, Ontario.

39. Denis Rancourt, B.Sc., M.Sc., Ph.D., is a former tenured Full Professor of Physics, University of Ottawa. Full Professor is the highest academic rank. He is an expert in public health. He has taught over 2,000 university students, and supervised more than eighty (80) junior research terms or degrees at all levels from post-doctoral fellow to graduate students to NSERC undergraduate researchers. He headed a research laboratory, and attracted significant research funding for two decades. He supervised doctoral students in both physics and environmental science. He has been an invited plenary, keynote, or special session speaker at major scientific conferences nearly forty (40) times. He has published over one hundred (100) research papers in leading scientific journals, in the areas of physics, chemistry, geology, materials science and environmental science, including environmental nanoparticles. He co-discovered the

phenomenon of "superferromagnetism", and co-discovered the unique meteoritic alloy "antitaenite". He has a scientific impact factor (h-index) of 39 (84% of Nobel Prize winners in physics had h-indexes of at least 30), and his articles have been cited more than 5,000 times in peer-reviewed scientific journals.

40. Presently, Dr. Rancourt is a registered mentor for physics students at the University of Toronto, and is a Researcher (volunteer position) at the Ontario Civil Liberties Association (ocla.ca). He is a frequent media commentator. His articles and interviews are published in many media venues. His recent video interviews and reporting videos about the science of the COVID-19 epidemic and the science of masks for preventing viral respiratory diseases have already been viewed more than 0.5 million times. He is scheduled to be an invited opening speaker at the October, 2020 'Fifth International Public Conference on Vaccination', organized by the National Vaccine Information Center (NVIC) (USA).

41. The Plaintiff, RANCOURT, in April, 2020, published an article entitled **"Masks Don't Work: A review of science relevant to COVID-19 social policy"**. This was carried on the "Research Gate" website. Subsequently, "Research Gate" removed the article Rancourt's article after the article had received some four hundred thousand (400, 000) reads.

42. YouTube also removed three of 3 of RANCOURT's videos, which were part of his " PlayList" entitled "COVID-19 with Denis Rancourt". The 3 videos were entitled:

- "Masks don't work against COVID-19 article by Denis Rancourt"
- "Jane Scharf advocate for vulnerable persons reacts to COVID-19 policy"
- "Denis Rancourt - Why COVID-19 is global mass hysteria".

RANCOURT states . and the fact is, that Youtube removed the videos in accordance with its publicly- stated policy to remove any "misinformation" contrary to its "community standards", with respect to covid-measures, which is concededly applied to any and all opinions that run contrary to the official WHO dogma, notwithstanding that those contrary opinions come from recognized experts in their field.

43. RANCOURT has written or co-authored the following published authoritative documents about COVID-19:

- **"Masks Don't Work: a Review of Science Relevant to Covid-19 Social Policy"**, first published and widely distributed on 11 April 2020.
- **"Criticism of Government Response to COVID-19 in Canada"**, Report for the Ontario Civil Liberties Association (OCLA), first published and sent to governments and media on 18 April 2020.
- **"All-cause mortality during COVID-19: No plague and a likely signature of mass homicide by government response"**, first published and widely distributed on 2 June 2020, DOI: 10.13140/RG.2.2.24350.77125

- **"OCLA Asks WHO to Retract Recommendation Advising Use of Face Masks in General Population"**, 9-page letter, co-authored with OCLA Executive Director Dr. Joseph Hickey, sent to the WHO Director General, all MPs, all Premiers, all Ontario MPPs, and the media on June 21st, 2020.

Despite this timely and authoritative body of work, noted by the scientific community, and covered in the international media, the CBC has refused to make any mention of these works, and has not provided these perspectives and this scientific information to the Canadian public. RANCOURT further states that CBC has chosen to not cover any other experts who take critical or contrary view of the COVID measures executed by the Federal, Provincial, and Municipal governments at the direction and behest of the WHO.

44. A CBC high-profile journalist had interviewed RANCOURT, at length, about face masks, said the content would be on the evening news, on his blog, and on the radio, and then the content was never used.

45. RANCOURT states, and the fact is, that the Federal Crown, and respective Ministries and agencies charged with Broadcasting, and freedom of speech, expression, and the media, have chosen not to protect against this flagrant censorship, and as such, through omission, infringe RACOURT'S, and other Plaintiffs', right to freedom of speech, expression, and the media contrary to s.2 of the **Charter.** In fact the federal Crown further supports these violations by its threat to criminalize, under the **Criminal Code,** the same contrary opinions now being censored, as "misinformation", even where those opinions come from recognized experts. RANCOURT further states that he opposes all current

COVID-Measures because they are not scientifically or medically based, rely on false and distorted data , are based on a false declaration of a pandemic, and because they violate his ss.2, and 7 **Charter** rights.

- **The Defendants**

46. The Defendant, Justin Trudeau, is the current Prime Minister of Canada, and as such, a holder of a public office.

47. The Defendant, Dr. Theresa TAM, is Canada's Chief Public Health Officer and as such a holder of a public office.

48. The Defendant Her Majesty the Queen in Right of Canada, is statutorily and constitutionally liable for the acts and omissions of her officials.

49. The Defendant Attorney General of Canada is, constitutionally, the Chief Legal Officer, responsible for and defending the integrity of all legislation, as well as responding to declaratory relief, including with respect constitutional declaratory relief, and required to be named as a Defendant in any action for declaratory relief.

50. The Defendant Marc GARNEAU is the Federal Minister of Transport, and as such a public office holder.

51. The Defendant Her Majesty the Queen in Right of Ontario, is statutorily and constitutionally liable for the acts and omissions of her officials.

52. The Defendant Attorney General of Ontario, is, constitutionally, the Chief Legal Officer for Ontario, responsible for and defending the integrity of all legislation, as well as responding to declaratory relief with respect to legislation,

including with respect to its constitutionality, and required to be named as a Defendant in any action for declaratory relief.

53. The Defendant Doug FORD, is the current Premier of Ontario, and as such a holder of a public office.

54. The Defendant Dr. David WILLIAMS, is Ontario's Chief Medical officer, and as such a holder of a public office.

55. The Defendant, Christine ELLIOT, is the current Minister of Health and Long-Term Care for the Province of Ontario and as such a holder of a public office and Long-Term Care.

56. The Defendant Stephen Lecce, is the Minister of Education for Ontario.

57. The Defendant, The City of Toronto, is a Municipality in the Province of Ontario and governed by, inter alia, the **Municipal Act** and all other applicable Provincial Acts.

58. The Defendant JOHN TORY, is the Mayor of the City of Toronto, and as such a holder of a public office.

59. The Defendant Dr. Eileen De VILLA, is Toronto's Chief Medical Officer, and as such a holder of a public office.

60. The Defendant County of Wellington- Dufferin- Guelph is a County in the Province of Ontario and the Defendant, Nicola MERCER is its (Chief) Public Health Officer, and as such, Nicola MERCER is a holder of public office.

61. The Defendant County of Windsor-Essex is a County in the Province of Ontario and the Defendant, Wajid Ahmed is its (Chief) Public Health Officer, and as such, Wajid Ahmed is a holder of public office.

62. The Defendant unknown Johns and Janes DOE, are employees of the Crown and Municipal Defendants and as such are holders of a public office.

63. The Defendant, The Canadian Broadcasting Cor[oration ("CBC"), is Canada's publicly-funded broadcaster and governed , **inter alia**, under the Federal **Broadcast Act,** with a public mandate as Canada's national publicly-funded broadcaster.

THE (FURTHER) FACTS

A/ "COVID- 19"- THE TIMELINE

64. In 2000 Bill Gates steps down as Microsoft CEO and creates the 'Gates Foundation'' and (along with other partners) launches the 'Global Alliance for Vaccines and Immunization ('GAVI''). The Gates Foundation has given GAVI approximately $4.1 Billion. Gates has further lobbied other organizations, such as the World Economic Forum ("WEF") and governments to donate to GAVI including Canada and its current Prime Minister, Justin Trudeau, who has donated over $1 Billion dollars to Gates/GAVI.

65. **In 2002** Scientists engage in "gain-of-function" (GOF) research that seeks to generate viruses *"with properties that do not exist in nature"* and to *"alter a pathogen to make it more transmissible (to humans) or deadly."* [1] [2]

66. In **November, 2002,** China's Guangdong province reports the first case of ''atypical Pneumonia'', later labeled as SARS. In the same month at the University of North Carolina (UNC) Ralph Baric announced the creation of a **synthetic** clone of a mouse coronavirus.

67. On **October 28th, 2003** the Baric group at UNC announces a **synthetic** recreation of the SARS virus.

68. **In 2005** Research demonstrates that Chloroquine is a potent inhibitor of SARS coronavirus infection and transmission. [3]

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[1] https://www.ncbi.nlm.nih.gov/books/NBK285579/
[2] https://www.sciencemag.org/news/2014/10/us-halts-funding-new-risky-virus-studies-calls-voluntary-moratorium
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/

69. From **2009** to the present, the "Bill and Melinda Gates Foundation" donates millions to the 'Imperial College of London''(ICL), and further funded the debunked modeling, by Neil Ferguson, at the ICL, that set the COVID-19 'pandemic'' declaration in Motion and acceleration, through the WHO and governments around the globe following suit.

70. **In January 2010** Bill Gates pledges **$10 billion** in funding for the World Health Organization ("WHO") and announces "the Decade of Vaccines." In fact, Bill Gates and GAVI are the second and third largest funders of the WHO after the US government. Currently, the USA, through its President, has cut off funding's to WHO for loss of confidence in it. (Various other countries have also expelled the WHO on allegations of corruption, attempted bribery of its officials, and lack of confidence).

71. **In May 2010**, the Rockefeller Foundation writes a Report, later leaked, unintentionally from within the organization, with a study of a future pandemic scenario, where an unknown virus escapes Wuhan, China, and a "hypothetical" scenario on what the appropriate response would be, and its core scenario entitled "how to secure global governance in a pandemic". The Plaintiffs state , and the fact is, that the scenario scripted in this May 2010, Report is what has unfolded during the "COVID-19" so-called "pandemic".

72. **In 2011** a review of the literature by the British Columbia Centre for Disease Control to evaluate the effectiveness of social distancing measures such as school closures, travel restrictions, and restrictions on mass gatherings to address an influenza pandemic concluded that *"such drastic restrictions are not*

economically feasible and are predicted to delay viral spread but not impact overall morbidity." [4]

73. **In May, 2012,** the 194 Members States of the "World Health Assembly" endorse the 'Global Vaccine Action Plan (GVAP) led by the Bill and Melinda Gates Foundation in collaboration with GAVI, and the World Health Organization (WHO).

74. **In 2014** Under President Obama, the National Institute of Health (NIH) **halts federal funding** for gain-of-function (GOF) research. The funding hiatus applies to 21 studies "reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route." NIH later allows 10 of the studies to **resume.**

75. **In 2015** NIAID awards a five-year, $3.7 million grant to conduct gain-of-function studies on the "risk of bat coronavirus emergence." Ten percent of the award goes to the Wuhan, China, Institute of Virology.

76. **In January, 2015** at a public appearance, Bill Gates states: '' We are taking things that are genetically modified organisms and we are injecting them into little kids' arms; we just shoot them right into the vein''.

77. **In 2017** Dr. Marc Lipsitch of the Harvard School of Public Health tells the *New York Times* that the type of gain-of-function experiments endorsed by Dr. Fauci's NIAID have "done **almost nothing** to improve our preparedness for pandemics, and yet risked creating an accidental pandemic."

[4] Social Distancing as a Pandemic Influenza Prevention Measure
https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf

78. **In 2019** NIAID awards a six-year renewal grant of $3.7 million to EcoHealth Alliance and the Wuhan Institute of Virology (in China) to continue their gain-of-function studies on bat coronaviruses.

79. At the January, 2019, World Economic Forum in Davos, Switzerland, **on January 23rd, 2019,** on a CNBC interview Bill Gates boasts that he expects to have a "twenty-fold" return on his $10 Billion vaccine investment with the next few decades.

80. British and French researchers **publish** a study (May 5, 2020) estimating that COVID-19 could have started as early as **October 6, 2019.**

81. On **October 18th, through 27th, 2019** Wuhan, China hosts the Military World Games, held every four years, where more than 9,000 athletes, from 100 countries complete. The telecom systems for the Athletes' Village are powered with 5-G technology "showcasing its infrastructure and technological prowess''.

82. **On October 18, 2019 -** The Bill & Melinda Gates Foundation, the World Economic Forum and the Johns Hopkins Center for Health Security convene an invitation-only "tabletop exercise" called **Event 201** to map out the response to *a hypothetical global coronavirus pandemic.*

83. **In November-December, 2019, -** General practitioners in northern Italy start noticing a **"strange pneumonia."**

84. **On December 2nd and 3rd, 2019** Vaccine scientists attending the WHO's Global Vaccine Safety summit confirm **major problems** with vaccine safety around the world.

85. **On December 3rd, 2019**, At the Global Vaccine Safety Summit in Geneva Switzerland, Prof Heide Larson, MA PhD, Director of the "Vaccine Safety Project", stated:

> "I think that one of our biggest challenges is, as Bob said this morning, or yesterday, we're in a unique position in human history where we've shifted the human population to vaccine-induced, to dependency on vaccine-induced immunity and that's on the great assumption that populations would cooperate. And for many years, people lined up the six vaccines, people were there; they saw the reason. We're in a very fragile state now. We have developed a world that is dependent on vaccinations. We don't have a choice, but to make that effort."

86. **On December 18th, 2019,** researchers at the Massachusetts Institute of Technology (MIT) report the development of a novel way to record a patient's **vaccination history,** by using smart-phone readable nano-crystals called ''quantum dots'', **embedded** in the skin using micro-needles. In short, a vaccine chip embedded in the body. This work and research are funded by the Bill and Melinda Gates Foundation.

87. **On December 31,2019 -** Chinese officials inform the WHO about a **cluster** of "mysterious pneumonia" cases. Later, the *South China Morning Post* reports that it can trace the first case back to **November 17th , 2019.**

88. **On January 7th, 2020** - Chinese authorities formally **identify** a "novel" coronavirus.

89. **On January 11, 2020** - China records its **first death** attributed to the new coronavirus.

90. **On January 20, 2020** - The first **U.S. coronavirus case** is reported in Washington State.

91. **On January 23rd, 2020,** Shi Zheng-Li releases a paper reporting that the new corona virus (COVID-19) is 96% identical to the strain that her lab isolated from bats in 2013 but never publicized.

92. **On January 30, 2020** - The WHO declares the new coronavirus a **"global health emergency."**

93. **In January, 2020** - A study of US military personnel confirms that those who received an influenza vaccine had an increased susceptibility to coronavirus infection. [5]

94. On **February 5th, 2020** - Bill and Melinda Gates announce **$100 million** in funding for coronavirus vaccine research and treatment efforts. **On February 11th, 2020** the WHO gives the virus its name: 'COVID-19''.

95. **On February 28th, 2020** - The WHO states that most people will have mild symptoms from SARS-CoV-2("COVID19") infection and get better without needing any special care.

96. **On February 28th, 2020 ,** the WHO announces that more than 20 vaccines are in development globally.

97. **On February 28th, 2020,** the WHO states – "Our greatest enemy right now is not the virus itself. It's fear, rumors and stigma." [6]

98. **On March 5th, 2020** - Dr. Peter Hotez of Baylor College told a US Congressional Committee that coronavirus vaccines have always had a "unique

[5] https://www.sciencedirect.com/science/article/pii/S0264410X19313647
[6] WHO Director-General's opening remarks at the media briefing on COVID-19 - 28 February 2020 https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---28-february-2020

potential safety problem" — a "kind of paradoxical immune enhancement phenomenon." [7]

99. On **March 11,2020** - The WHO declares COVID-19 a **pandemic.**

100. On **March 12th, 2020** Education Minister Stephen Lecce ordered the closing down of public schools, on the advice of Dr. Williams the co-Defendant.

101. On **March 16th, 2020** - Neil Ferguson of Imperial College London, scientific advisor to the UK government, publishes his computer simulations warning that there will be **over two million** COVID-19 deaths in the U.S. unless the country adopts "intensive and socially disruptive measures." **Imperial College London receives funding from Bill and Melinda Gates Foundation.**

102. On **March 16th, 2020** - Dr. Anthony Fauci tells Americans that they must be prepared to "**take more drastic steps"** and "hunker down significantly" to slow the coronavirus's spread.

103. On **March 16th, 2020** - NIAID launches a **Phase 1 trial** in 45 healthy adults of the mRNA-1273 (COVID-19) coronavirus vaccine co-developed by NIAID and Moderna, Inc. The trial skips the customary step of testing the vaccine in **animal models** prior to proceeding to human trials.

104. On **March 17th, 2020 –** Prime Minister Trudeau asks for lockdown measures, under the **Federal Quarantine Act,** banning travel. The same date Premier Doug FORD declares an Emergency in Ontario, under ots Provincial legislation.

105. **On March 19th, 2020** - The status of COVID-19 in the United Kingdom is downgraded. COVID-19 is no longer considered a high consequence infectious disease (HCID). The Advisory Committee on Dangerous Pathogens (ACDP) in

[7] https://www.c-span.org/video/?470035-1/house-science-space-technology-committee-hearing-coronavirus&start=1380

the UK is also of the opinion that COVID-19 should no longer be classified as an HCID (High Consequence Infectious Disease). [8] [9]

106. **On March 24th , 2020** - Global medical experts declared that efforts to contain the virus through self-isolation measures would negatively impact population immunity, maintain a high proportion of susceptible individuals in the population, prolong the outbreak putting more lives at risk, damage our economy and the mental stability and health of the more vulnerable. [10] [11]

107. **On March 24th, 2020** - Professor Peter Gotzche issues a statement - *"The coronavirus mass panic is not justified."*

108. On **March 24th,2020** - Bill Gates announces funding for a company that will blanket Earth with $1 billion in **video surveillance satellites.**

109. **On March 26th, 2020** Microsoft announces it is acquiring 'Affirmed Networks'' focused on 5-G and "edge" computing''.

110. On **March 26th, 2020** - Dr. Fauci publishes an **editorial** in the *New England Journal of Medicine* stating that "the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza," with a case fatality rate of perhaps 0.1%.

[8] https://www.gov.uk/topic/health-protection/infectious-diseases
[9] https://prepforthat.com/uk-officials-covid-19-no-longer-high-consequence-infectious-disease/
[10] https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/
[11] https://www.europereloaded.com/twenty-two-experts-questioning-the-coronavirus-panic-videos-scientific-common-sense/

111. On **March 30th 2020,** Dr Michael J. Ryan, Executive Director of the Health Emergencies Programme at the World Health Organization publicly stated, during a press conference that:

> "And at the moment in most parts of the world due to lock-down most of the transmission that's actually happening in many countries now is happening in the household at family level.
> In some senses transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them
> and isolate them in a safe and dignified manner".

112. **March 31, 2020**, Dr. Theresa Tam states that, "it is not clear that masks actually help prevent infections, and may increase the risk for those wearing them."

113. On **April 2nd, 2020** - Bill Gates states that a coronavirus vaccine "is the only thing that will allow us to return to normal."

114. **In April, 2020-** A review of the scientific literature conducted by Denis Rancourt, Ph.D., with regards to the use of masking, concluded there is **no** scientific evidence to substantiate the effectiveness of masking of the general public to prevent infection and transmission. [12]

115. **On April 6th, 2020** - German epidemiologist, Knut Wittkowski, releases a statement warning that artificially suppressing the virus among low risk people like school children may *"increase the number of new infections"* as it keeps the virus circulating much longer than it normally would. [13]

116. On **April 6th, 2020** - Dr. Anthony Fauci states, "I hope we don't have so many people infected that we actually have **herd immunity."**

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[12] https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

[13] Stand Up for Your Rights, says Bio-Statistician Knut M. Wittkowski. American Institute for Economic Research. April 6, 2020 https://www.aier.org/article/stand-up-for-your-rights-says-professor-knut-m-wittkowski/

117. **On April 9th, 2020** - Canadian public health officials stated – "In a best-case scenario, Canada's total COVID-19 deaths can range from 11,000 to 22,000." And "In the bad scenarios, deaths go well over 300,000." (As of May 21, 2020, the total reported deaths from COVID 19 in Canada was 6,145.) The number of deaths attributed to COVID-19, is in line with typical yearly seasonal viral respiratory illness deaths in Canada. However, the Covid-death numbers are inflated based on the parameters dictated by the WHO to list a death as a Covid-death, namely anyone who has the Covid-19, at time of death ,regardless of whether another clear primary cause of death is evident apart from the simple presence of the covid-19 virus.

118. **On April 10th, 2020** - John Carpay, president of the Justice Centre for Constitutional Freedoms in Canada has stated there is reason to conclude that the government's response to the virus is deadlier than the disease itself. [14]

119. On **April 15th, 2020** - Bill Gates pledges another $150 million to coronavirus vaccine development and other measures. He states, "There are **seven billion** people on the planet. We are going to need to vaccinate nearly everyone."

120. **On April 18th, 2020,** US News reports corona virus tests are ineffective due to lab contamination at the EDC and the CDC's violation of its manufacturing standards.

121. On **April 24th, 2020** - The Ontario government took the "extraordinary step" to release a database to police with a list of everyone who has tested positive for COVID-19 in the province.[15]

[14] https://www.jccf.ca/the-cost-of-the-coronavirus-cure-could-be-deadlier-than-the-disease/

122. On **April 30th, 2020** - Bill Gates writes that "the world will be able to go back to the way things were . . . when **almost every person on the planet** has been vaccinated against coronavirus." Gates also states that "Governments will need to expedite their usual drug approval processes in order to deliver the vaccine to over 7 billion people quickly."

123. **On May 5th, 2020,** Neil Ferguson resigns from the UK government's Scientific Advisory Group for Emergencies (SAGE) after flouting and breaking his own social distancing rules. **On May 6th, 2020**, an anonymous soft-ware engineer (ex-Google) pronounces Neil Ferguson's COVID-19 computer model "unusable for scientific purposes''. In fact, Ferguson's COVID-19 model has been laughing-stock and debacle.

124. **On May 11th, 2020**, UK Chief Medical Officer Whitty states that COVID-19 is 'harmless' to the vast majority''.

125. **On May 14th, 2020**, Microsoft announces that it is acquiring UK-based 'Metaswitch Networks'', to expand its Azure 5-G strategy.

126. On **May 19th, 2020** - Health Canada approves human trials of a SARS-CoV-2 (COVID-19) vaccine without clear evidence that prior animal testing to identify the potential risk of pathogenic priming (immune enhancement) has been conducted.

127. **On May 21st, 2020** - Four Canadian infectious disease experts, Neil Rau, Susan Richardson, Martha Fulford and Dominik Mertz state - "the virus is unlikely to

[15] https://toronto.ctvnews.ca/mobile/ontario-takes-extraordinary-step-to-give-police-list-of-all-covid-19-patients-1.4910950?fbclid=IwAR10jfu_5OYq5BPZJKMyyqiN2P47dK_wbZzFMqC8WEpFxilhEFt81cGnfqc

disappear from Canada or the world any time soon" and "It is unlikely that zero infections can be achieved for COVID-19." [16]

128. **By May 2020** - Over six million Canadians have applied for unemployment benefits and 7.8 million Canadians required emergency income support from the Federal government, [17] because of economic shut-downs and closures dictated by Covid-measures.

129. **By May, 2020** - Estimates of the Federal deficit resulting from their response to SARS-CoV-2 (COVID-19) ranges up to $400 billion. [18] (This exceeds the Canada's national budget for a year).

130. On **May 20th, 2020** - Dr. Teresa Tam, Canada's Chief Medical Officer, publicly advised the use of non-medical masks for the general public to provide an *"added layer of protection"* that could help prevent asymptomatic or pre-symptomatic Covid-19 patients from unknowingly infecting others. Dr. Tam's advice is not supported by scientific evidence. [19]

131. **On May 21st, 2020** - A letter from Mark Lysyshyn, MD, Deputy Chief Medical Health Officer with Vancouver Coastal Health states – "Although children are often at increased risk for viral respiratory illnesses, that is not the case with COVID-19. Compared to adults, children are less likely to become infected with COVID-19, less likely to develop severe illness as a result of infection and less likely to transmit the infection to others." Dr. Lysyshyn further states – "Non-medical masks are not needed or recommended. Personal protective equipment

[16] https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns
[17] https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/
[18] https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/
[19] https://www.politico.com/news/2020/05/20/canada-non-medical-masks-provinces-reopen-271008

such as medical masks and gloves are not recommended in the school environment." [20]

132. On **May 22nd,2020** - Prime Minister Justin Trudeau told reporters that "contact tracing" needs to be ramped up across the county. Trudeau stated that he "strongly recommends" provinces use cell phone apps when they become available, and that this use would likely be mandated.

133. On or about **May 25th,2020**, the Federal government announced potential **Criminal Code** provisions, making it a criminal offence to publish "misinformation" about the COVID-19. "Misinformation" quickly evolves to mean as any opinion or statement, **even from recognized experts**, which contradicts or criticizes measures taken and/ or mandated by the WHO, to be implemented globally by national and regional governments.

134. **As of June 9th, 2020,** neither Prime Minister Trudeau, nor Premier Ford are willing and in fact refusing to disclose what medical advice, and from whom, they are acting upon.

135. **On June 11th, 2020** Toronto Mayor John Tory announces that mandatory face-masks will be implemented on the Toronto Transit Commission's (TTC) subways, busses and street cars, notwistanding that operations of the TTC continued as normal for the last four (4) months since the declared "out break" and "emergency" without neither any face-masks, nor any realistic way of reinforcing the six feet (2 meter) social distancing rule, on public transit. The Plaintiffs state, and the fact is, that face-masks, it has been scientifically and medically established, do NOTHING to prevent spread of air-borne viruses, and

[20] http://www.vch.ca/Documents/COVID-VCH-Schools-May-21-2020.pdf

in fact cause other health problems. The Plaintiffs state and the fact is, that the Defendants and their officials are stepping up compulsory face-masks in order to maintain a physical and visual tool to maintain panic, fear, and to enforce compliance of their baseless measures due to increasing public resistance, and of their groundless and false basis . The masks, further act as a visual and present symbol of intimidation and show of who is in power, and do not act to medically assist but to publicly muzzle, panic, instill fear, and exert compliance to irrational and ineffective COVID measures from the Plaintiffs and others. The Plaintiff states and the fact is, that these measures were up-stepped after a Canadian survey was released that revealed, **inter alia**, that:

(a) 50% of Canadians did not believe Justin Trudeau was being honest about the COVID-Measures ;

(b) 16% of the Canadians believe that the COVID-Measures are being used to effect mandatory vaccination and contract tracing and other surveillance;

(c) 19% of the Canadians do not believe that COVID-19 is no more harmful then a common flu; and

(d) 7% of the Canadians believe that COVID-19 does not exist at all and is being mis-used as pretext for other, ulterior motives.

136. On or about **June 11th, 2020**:

(a) Wellingtone- Dufferin – Guelph County, in Ontario, through its public health officer, Dr. Nicola Mercer, announced, ordered, that **all** customers and all employees, of **all** businesses in the County, would be required to

wear face-masks , including children under the age of 5 , and special-needs persons, who cannot and will not countenance a face-mask;

(b) On **June 3rd, 2020** Federal Minister of Transport, Marc Garneau , announced that face-masks are required by **all,** when taking public transportation in Canada whether by plane, train, ship, or transit.

(c) On **June 11th, 2020**, Toronto Mayor John Tory announced the coming compulsory wearing of face-masks on the Toronto transit Commission vehicles and property.

(d) On **June 18th, 2020** the County of Windsor-Essex, in Ontario, through its public health officer, Dr. Wajid Ahmed, announced ordered, that **all** customers and all employees, of **all** businesses in the County, would be required to wear face-masks.

137. Between **April 1st and June 15th, 2020** the Canadian Civil Liberties Association (CCLA) reports that approximately 10,000 Covid related charges were laid across Canada, 2,853 in Ontario.

138. **On June 17th, 2020,** the Toronto Hospital for Sick Children, considered the world's Premier Children's hospital completed an advisory report, publicly released days later, to the Minister of Health and Education, with respect to recommendations for the re-opening of school in September, 2020. The report was prepared by two experts (in Virology) , upon the **contribution and review** of another **twenty (20)** experts as well as the "SickKids Family Advisory Networks". The 11-page report is resound and clear on the facts stat:

(a) Children are at extremely **low** risk when it comes to COVID-19;

(b) Schools should re-pen in a normal setting in September, 2020 in Ontario;

(c) That **no** mask should be worn by children because of no evidence of effectiveness and in fact masks pose a health risk for children;

(d) Social distancing should not be employed; and

(e) That masks and social distancing pose significant physical and psychological health risks to children.[21]

139. **On June 23rd, 2020**, the Justice Centre for Constitutional Freedoms calls for, in a 69-page report, an end to the lock-down measures based on an analysis of the lack of medical and scientific evidence for their imposition and the infliction of unwarranted and severe **Charter** violations.[22]

140. **On June 26th , 2020**, Sweden's COVID-19 expert, Anders Tegnell, blasted the WHO'S response to COVID-19 and states that the "world went crazy" and further stingingly criticized the WHO as "mis-interpreting data" in branding Sweden as one of eleven (11) countries who are seeing a "resurgence" in COVID-19 cases. The Plaintiff state, and the fact is, that Sweden was one of the few countries in the World who did **not** adopt, wholesale, the WHO protocol and in fact faired much better then the countries who did, including Canada in that there was no economic shut-down in Sweden. Dr. Tegnell further stated that the lockdowns "fly in the face of what is known about handling virus pandemics.[23]

[21] "COVID-19: Recommendations for School Re-opening", Toronto Hospital for Sick Children, Report dated June 17th, 2020.
[22] "Unprecedented and unjustified: a Charter Analysis of Ontario's Response to COVID-19" June 22nd, 2020.
[23] "Daily Mail Online", Daily Mail.com, June 26th, 2020

141. On **June 18th, 2020** Premier Doug FORD announced an upcoming up-step and acceleration of the implementation of 'contract tracing'' surveillance through cellphones.

142. **On June 28th, 2020** The City of Toronto announces and put forward a mandatory mask By-Law for all indoor public venues including private businesses.

B/ THE COVID-19 MEASURES

- **Federal Measures**

143. On or about March 17th, 2020 Justin Trudeau announces a lock-down and invoked the following legislation with respect to "pandemic":

a) The **Federal Quarantine Act,** stipulating the lock-down of flights to Canada, and that Canadians returning to Canada, self-isolate and quarantine themselves for a 14- day period;

b) Various prices of legislation setting out financial assistance for various persons and sectors.

Trudeau further and effectively shut down Parliament. Parliament has only "convened", sparingly, to pass spending measures, with an amputated, hand-picked, selection of 25 MPs, notwithstanding that technology such as "Zoom", exists to accommodate and convene the entire Parliamentary contingency of the 338 MPs, to date it has not happened. Parliamentary Communities rested in a legislative coma until April, 2020, where after some sit virtually.

144. Justin Trudeau held (holds) daily press conferences to "inform" Canadians, and further issues decrees and orders, such as "stay home", which decrees and fiats

have no legal effect, notwithstanding, that they were acted upon by Municipal and Provincial enforcement officers, but at that no time has the Federal Parliament invoked the Federal **Emergencies Act .**

- **Provincial Measures**

145. On or about March, 17th, 2020 Premier of Ontario. Doug Ford and his government invoked the Provincial **Emergency Management and Civil Protection Act**, with a declared state of emergency, last extended to July 9th, 2020, and enacted to date, 48 **Regulations** thereunder with enforcement orders, which are:

In force

- Declaration of Emergency, O Reg 50/20
- Emergency Order Under Subsection 7.0.2 (4) of the Act, O Reg 51/20
- Emergency Order Under Subsection 7.0.2 (4) of the Act, O Reg 52/20
- Extension of Emergency Order Made Under the Act , O Reg 105/20
- Order Made Under the Act - Extensions and Renewals of Orders, O Reg 106/20
- Order Under Subsection 7.0.2 (4) of the Act - Streamlining Requirements for Long-Term Care Homes, O Reg 95/20
- Order Under Subsection 7.1 (2) of the Act - Limitation Periods, O Reg 73/20
- Standards, O Reg 380/04
- Subsection 7.0.2 (4) of the Act - Child Care Fees, Order Under, O Reg 139/20
- Subsection 7.0.2 (4) of the Act - Closure of Outdoor Recreational Amenities, Emergency Order Under, O Reg 104/20
- Subsection 7.0.2 (4) of the Act - Hospital Credentialing Processes, Order Under, O Reg 193/20
- Subsection 7.0.2 (4) of the Act - Stage 1 Closures, Order Under, O Reg 82/20
- Subsection 7.0.2 (4) of the Act - Stage 2 Closures, Order Under, O Reg 263/20

- Subsection 7.1 (2) of the Act - Treatment of Temporary Covid-19 Related Payments to Employees, Order Under, O Reg 195/20

Repealed or Spent

- Order Under Subsection 7.0.2 (4) of the Act - Service Agreements for Home Services and Supports to Adults With Developmental Disabilities and Service Providers Providing Intervenor Services, Order Under, O Reg 121/20
- Subsection 7.0.2 (4) of the Act - Access to Covid-19 Status Information - Specified Persons, Order Under, O Reg 120/20
- Subsection 7.0.2 (4) of the Act - Access to Personal Health Information by Means of the Electronic Health Record, Order Under, O Reg 190/20
- Subsection 7.0.2 (4) of the Act - Agreements Between Health Service Providers and Retirement Homes, Order Under, O Reg 140/20
- Subsection 7.0.2 (4) of the Act - Certain Persons Enabled to Issue Medical Certificates of Death, Order Under, O Reg 192/20
- Subsection 7.0.2 (4) of the Act - Closure of Public Lands for Recreational Camping, Order Under, O Reg 142/20
- Subsection 7.0.2 (4) of the Act - Congregate Care Settings, Order Under, O Reg 177/20
- Subsection 7.0.2 (4) of the Act - Deployment of Employees of Service Provider Organizations, Order Under, O Reg 156/20
- Subsection 7.0.2 (4) of the Act - Drinking Water Systems and Sewage Works, Order Under, O Reg 75/20
- Subsection 7.0.2 (4) of the Act - Electricity Price for RPP Consumers, Order Under, O Reg 80/20
- Subsection 7.0.2 (4) of the Act- Electronic Service, Order Under, O Reg 76/20
- Subsection 7.0.2 (4) of The Act - Enforcement of Orders, Order Under, O Reg 114/20
- Subsection 7.0.2 (4) of the Act - Global Adjustment for Market Participants and Consumers, Order Under, O Reg 191/20
- Subsection 7.0.2 (4) of the Act - Limiting Work in a Single Long-Term Care Home, Order Under, O Reg 146/20
- Subsection 7.0.2 (4) of the Act - Limiting Work in a Single Retirement Home, Order Under, O Reg 158/20
- Subsection 7.0.2 (4) of the Act - Management of Long-Term Care Home Outbreak, Order Under, O Reg 210/20

- Subsection 7.0.2 (4) of the Act - Management of Retirement Homes in Outbreak, Order Under, O Reg 240/20
- Subsection 7.0.2 (4) of the Act - Pick Up and Delivery of Cannabis, Order Under, O Reg 128/20
- Subsection 7.0.2 (4) of the Act - Signatures in Wills and Powers of Attorney, Order Under, O Reg 129/20
- Subsection 7.0.2 (4) of the Act - Special Rules re Temporary Pandemic Pay, Order Under, O Reg 241/20
- Subsection 7.0.2 (4) of the Act - Temporary Health or Residential Facilities, Order Under, O Reg 141/20
- Subsection 7.0.2 (4) of the Act - Traffic Management, Order Under, O Reg 89/20
- Subsection 7.0.2 (4) of the Act - Use of Force and Firearms in Police Service, Order Under, O Reg 132/20
- Subsection 7.0.2 (4) of the Act - Work Deployment Measures for Hospital Health, Order Under, O Reg 116/20
- Subsection 7.0.2 (4) of the Act - Work Deployment Measures for Designated Social Services Administration Boards, Order Under, O Reg 154/20
- Subsection 7.0.2 (4) of the Act - Work Deployment Measures in Mental Health and Addictions Agencies, Order Under, O Reg 163/20
- Subsection 7.0.2 (4) of the Act – Work Deployment Measures in Municipalities, Order Under, O Reg 157/20
- Subsection 7.0.2 (4) of the Act - Work Deployment Measures for Service Agencies Providing Violence Against Women Residential Services and Crisis Line Services, Order Under, O Reg 145/20
- Subsection 7.0.2 (4) of the Act - Work Deployment Measures in Long-Term Care Homes), Order Under, O Reg 77/20
- Subsection 7.0.2 (4) of the Act - Work Deployment Measures in Retirement Homes, Order Under, O Reg 118/20
- Subsection 7.0.2 (4) - Prohibition on Certain Persons Charging Unconscionable Prices for Sales of Necessary Goods, Order Under, O Reg 98/20
- Subsection 7.1 (2) of the Act - Corporations, Co-Operative Corporations and Condominium Corporations, Order Under, O Reg 107/20
- Under Subsection 7.0.2 (4) of the Act, Order Made, O Reg 74/20
- Under Subsection 7.0.2 (4) of the Act--Education Sector, Order Made, O Reg 205/20

146. The net, summary effect, of the orders contained in the above **Regulations** are as follows:

a) Ordering the shut-down of all business, except for 'essential'' businesses which were tied to food, medicine, doctors, and hospitals;

b) A 'social distancing'' of two (2) meters;

c) No 'public gathering'' of more than five (5) persons, who are un-related, with s 'social distancing'' of two (2) meters, which was later increased to ten (10) persons;

d) Restaurant and bar shut-downs, except for take-out service;

e) The physical closure of all public and private schools, daycares, and universities;

f) The mandatory use of face-masks, mandated by the Ministry of Health, to all the Medical Regulatory Medical Services Colleges, to direct all their licensed members to impose mandatory masking of all patients, employees, and members, in their place of work;

g) The shut-down of all park amenities including all play-grounds and facilities for children;

h) The elimination of one-on-one, and all other programs for special-needs children, and those suffering from neurological and physical disabilities;

i) Banning all public gatherings over five (5) persons, notwithstanding a social distancing of two (2) meters, including the banning of religious services, including a restriction on marriages, funerals, and other religious actions and ritual and rites.

j) The provision for offences, laying of charges, and imposition of heavy fines for breach of the orders, with an impossibility to challenge those fines as the Provincial Offences Court is physically closed and the **Provincial Offences Act** tickets make it clear that the charge and fine cannot be 'mailed in'' but that the person must attend, physically, at the **Provincial Offences Act** Court to file a defense of the charges, only to find a closed Courthouse.

147. In none of those Regulations did the Province require mandatory, community wearing of face-masking in public nor private locations. Premier Ford expressly declined to do so.

148. The Provincial Legislature, but-for rare convening to pass and invoke the legislation, has not regularly sat, despite the existing and easy technology to sit the full cogency of the MPPs of the Legislature. FORD has effectively dispensed with Parliament (the Provincial Legislature).

- **City of Toronto Municipal Measures**

149. The City of Toronto , through Mayer John Tory, on March 23rd, 2020 issued a "Declaration of an Emergency" invoking the following measures:

a) "Emergency order No.1 – "To impose Regulations requiring physical distancing within park and public Squares";

b) "Emergency No. 2 -"To impose physical distancing within Nathan Phillip Square in the same manner as other Public Squares".

It is to be noted that these two orders were NOT passed, pursuant to **Provincial legislation,** but under the City of Toronto's own By-Law **Municipal Code.** It is

further to be noted that the Municipal Measures in fact contradicted, and were more restrictive than the Provincial Measures and are therefore illegal and **ultra vires,** notwithstanding that Municipal enforcement offices then detained and charged persons under the **Provincial Offences Act,** for engaging in activities in compliance with Provincial law, covering the same matters(s) and activities.

150. The City of Toronto further passed By-Law 322- 2020, in which it banned, under s. 1, and s. 2, anyone remaining in a park or public space "for longer than an incidental period", and socially distancing with only "members of the same household", which is **completely** in contravention of the Provincial order in Provincial Regulation O Reg 104/20, s. 1(4), passed pursuant to s, 7.0.2(4) of the **Ontario Act**. The Plaintiffs state, and the fact is, that not only were these measures which were enforced, **ultra vires** the Provincial legislation, but further violated ss.2, 7,8, and 9 of the **Charter.** This By-Law further provides for the delegation of the By-Law provisions which was delegated to the Chief officer of Health, Eileen De Villa, a co-Defendant in the within claim.

151. On April 1st, 2020 a "Class Order" purportedly passed pursuant to s. 22(5.0.1) of the **Health Protection and Promotion Act,** Dr. Eileen De Villa, Toronto's Medical Officer of Health, made an order, for anyone who:

a) Is identified with a diagnosis of COVID-19;

b) Has signs and symptoms of COVID-19,or have been tested and awaiting results;

c) Otherwise has reasonable grounds to believe to have COVID-19;

d) Is in close contact with any in (a) to (c) above.

Were ordered by De Villa to:

a) Isolate and stay at home, with no visitors;

b) Remain in isolation for 14-days;

And further made an array of other orders respecting follow-up Medical advice and treatment. Exemptions to this order were made for:

a) Asymptotic person who provide essential services;

b) those receiving essential medical services; and

c) anyone who in the opinion of Toronto public health would not be in the public interest.

The enunciated rationale for this "class order was" on the grounds that, **inter alia,** COVID-19 was a communicable "disease".

152. The Plaintiffs state, and the fact is, that De Villa's orders were neither scientifically nor medically grounded, were statutorily **ultra vires** , and violate s. 2, 7, 8, and 9, and 15 of the **Charter.** The Plaintiffs further state that there was no evidence, scientific or medical, to have reasonable and probable grounds that it was any way more pervasive or dangerous than any other seasonal viral respiratory illness of the past fifteen (15) years.

153. **On June 28th, 2020,** the City of Toronto introduced a By-Law to require mandatory, community, face-masks requirements for indoors, of all "public" spaces, including private business open to the public. The city issued posters for store owners to post, which included the requirement of store owners to enforce masking, but NO mention of exemptions to masking.

154. **On June 30th, 2020,** the Canadian Civil Liberties Association called for the extraordinary step, calling on the public to engage in "civil disobedience" of the Toronto masking By-Law, based on the overwhelming scientific and medical evidence, that masks are ineffective and pose heath risks.

155. Moreover, the Plaintiffs state, and fact is, that the enforcement officers were, on the ground, stopping, detaining and charging individuals, under the **Provincial Offences Act,** such as a single person sitting by herself on a park bench with no-one around, or a child bicycle riding through a park with a parent based on the media reports of Trudeau, Ford , and Tory, and their respective Chief Medical Officers, illegally declaring to "Stay home" and "do not go out except for food and medicine", when in fact such prohibitions were nowhere to be found in the law.

- **Reckless and Unlawful Statements and Actions of Leaders**

156. The Plaintiffs state, and the fact is, that Trudeau, Ford, and Tory were (and continue to be) reckless in their groundless, ignorant, and arrogant dictates, without legal basis, so as to cause and instill a general atmosphere of fear, panic and confusion. Such decrees by Trudeau, Ford, and Tory include, but are not restricted to the following:

(a) With respect to Prime Minister Justine Trudeau, he made the following (mis)statements, for example:

(i) Prime Minister Justin Trudeau told Canadians: "**People should be staying home, self-isolating with family.**"[24]

[24] Retrieved at : https://ottawacitizen.com/news/local-news/covid-19-confirmed-cases-latest-news-and-other-developments-in-ottawa/

(ii) **"We've all seen the pictures of people online who seem to think they're invincible," Trudeau said. "Well, they're not. Go home and stay home."**[25]

(iii) Justin Trudeau has issued a stern warning to Canadians who ignore social distancing advice, telling citizens to "**go home and stay home!**" – and leaving open the possibility his government could take more extreme measures as the number of confirmed coronavirus cases continues to rise.[26]

(iv) "To all the kids out there, **who can't go on play dates** or on spring break vacation...I know this is a big change, but we have to do this for our grandparents and for the nurses and doctors in hospitals."[27]

(v) "So, to everyone**, stay at home,** and no matter what stay 2 meters apart, if you do have to go out. When it gets hard let's remember we are all in this together." (24:35) "...how important it is not just for ourselves, but for our loved ones and health care workers, for our seniors, **that we stay home,** that we stay 2 meters apart, as much as we can and that we continue to wash our hands regularly." (30:12)[28]

(vi) "I know it is tough to stay home, especially as the weather gets nicer. If you have kids, it is even tougher, but to get back outside and running around the playground and park as soon as possible, **you need to keep them inside for a little longer**. (10:22)[29]

(vii) "...but I can tell you that we know it is very difficult situation for Canadians. There are very challenging projections out there that will emphasize how important it is for all of us to do our part, **to stay home**, to keep ourselves safe, to keep our loved ones safe and get through this..."(42:26)[30]

(viii) More and more Canadians are avoiding public spaces. If your friends or family members are still going to parks and playgrounds, they are risking lives. Tell them to stop.[31]

(ix) On the topic of Asymptomatic viral shed contradiction puts to questions the merit of social distancing among healthy people: A

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[25] Retrieved at: https://www.vice.com/en_ca/article/g5xng4/coronavirus-updates-canada-ottawa-and-justin-trudeau-may-jail-and-fine-people-to-keep-them-home

[26] Retrieved at: https://www.theguardian.com/world/2020/mar/23/justin-trudeau-canada-coronavirus-stay-home

[27] https://www.richmond-news.com/news/trudeau-dodges-covid-19-lockdown-appeals-1.24103564

[28] Retrieved at: https://www.youtube.com/watch?v=76iqxbZz4X8

[29] Retrieved at: \https://www.youtube.com/watch?v=A3GDk8uHv5A

[30] Retrieved at : https://www.youtube.com/watch?v=mfAa0vLItn8

[31] https://pbs.twimg.com/media/EVf0_maXkAE7qBg.jpg

reporter asks Mr. Trudeau, after his wife had been tested positive for coronavirus, what kind of advice he had received from medical doctors.

> "In terms of advice I have gotten from medical professionals, it was explained to me that **as long as I do not show any symptoms at all, there is no value in having me tested."** (15:30)A reporter asks about the possibility of transmission to other members of the cabinet,17:02 "According to Health Officials **the fact that I have expressed no symptoms means that anyone that I engaged with throughout this week has not been put at risk** (17:12)[32]

(b) While Trudeau made the above-noted comments and decrees, **without legal basis whatsoever**, and further contradicted actual Provincial laws, Trudeau, all the while breaks social distancing Provincial Laws by: :

(i) On March 29, 2020 ; **Dr. Theresa Tam**, the **Chief Public Health Officer of Canada**:

"Urban dwellers/Cottagers should RESIST THE URGE to head to the cottage and rural properties as these communities have less capacity to manage COVID19."

(ii) On April 1st, 2020 the government of Quebec introduced strict **travel restrictions** across the province, including police checkpoints to prevent unnecessary travel in and out of Quebec.

(iii) Shortly after **calling on Canadians to "stay home"** and "Skype that big family dinner," Trudeau crossed the provincial border from Ottawa into Quebec on Easter

[32] Retrieved at: https://www.youtube.com/watch?v=SjEgtT98jqk

Weekend to visit his wife and three children who had been living at their Harrington Lake cottage since **March 29**, 2020.[33]

(c) With respect to Premier Doug Ford:

(i) Premier Ford tells business they can refuse customers that will not wear a mask.

> "Any business has the right to refuse anyone. That's their business," Ford said on a teleconference last week. Despite the fact that no mandatory masks order was in place, and contrary to the legal opinion of the Canadian Civil Liberties Association (CCLA);[34]

(ii) Ford tells people to stay away from their cottages but goes to visit his own cottage;[35]

(iii) Doug Ford has over his two daughters, and family, who each live in different households for a total of 6 – violating 5 person maximum orders.[36]

(d) With respect to Toronto Mayor John Tory:

(i) **On April 19, 2020:** numerous photos of social distancing violations during a parade to salute health care workers (pictured standing shoulder to shoulder down University Ave.)[37]

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[33] Retrieved at https://globalnews.ca/news/6815936/coronavirus-justin-trudeau-andrew-scheer-easter-travel/

[34] https://www.cambridgetimes.ca/news-story/9994798-doug-ford-says-businesses-can-refuse-anyone-not-wearing-a-mask-but-rights-watchdog-says-not-so-fast/?fbclid=iwar2_ba_3eddfpm0shzqjpnht6fmhw0yjfualjugjrnxczcvi_70gfwadqla https://www.inbrampton.com/no-mask-no-service-businesses-have-the-right-to-require-masks-on-customers?fbclid=IwAR2UMCjwOtyIXU898j_EwIn8r1nuqiM7TJxJDs6ECz5tACPAHFMipGiHB7c

[35] https://toronto.citynews.ca/2020/05/08/ford-cottage-coronavirus/

[36] https://www.cbc.ca/news/canada/toronto/ford-physical-distancing-daughters-1.5564756

[37] Retrieved from: https://www.cbc.ca/news/canada/toronto/toronto-salutes-health-care-workers-covid19-1.5537982

(ii) May 23: Here is Tory violating social distancing rules and modeling counterproductive mask use at Trinity Bellwoods park , where **thousands** had gathered;[38]

157. The Plaintiffs state, and the fact is, that the various leaders are fast and loose with ignoring their own rules, contrary to law, and ignoring the actual rules implemented, because they know the measures are false and ineffective and that the virus is no more dangerous than a seasonal viral respiratory illness. This further holds true for Neil Ferguson who put out the false modeling early on, in March, 2020, and who had to resign his post in the UK for breaching the Rules. Other examples of such reckless behaviour and statements include:

(a) On April 25th FORD calls protestors opposing government lockdowns as "selfish" "irresponsible" "yahoos";

(b) Mayor John Tory agreed with Ford, saying the quickest way to end the shutdown is for people to stay home.

> "Gathering in a large group is to thumb your nose at **well accepted science and professional health advice**. It risks undoing the good we have all sacrificed to achieve together. In fact it runs the risk of making the shutdown longer,"

Tory said in a statement on Saturday.[39] The Plaintiff states, and fact is, that TORY has no clue, and is wholly unqualified, and has not, assessed the "well accepted science" and "advice", and same holds for FORD and TRUDEAU, all of whom simply follow one singular dogma from the WHO, while refusing to disclose the "science", its substance or source,

[38] retrieved at: https://www.cp24.com/video?clipId=1964623

[39] Retrieved at: https://www.cbc.ca/news/canada/toronto/ontario-shutdown-protesters-queens-park-yahoos-1.5545253

and what "advice" is being given by whom to them all-the-while ignore vast pool of experts who state that the measures are **NOT** warranted;

(c) Andrew Scheer and family, Elizabeth May, and Liberal Cabinet Minister ignore social distancing orders:

> "Parliamentarians packed onto a small nine-seat government jet last week — ignoring pandemic health guidelines to maintain a distance of two meters from others — in their haste to reach Ottawa for a vote on federal emergency economic legislation that passed on Saturday. Green Party Leader Elizabeth May, who lives in B.C., boarded the Challenger jet along with Liberal B.C. cabinet minister Carla Qualtrough, Conservative Opposition Leader Andrew Scheer, his wife and their five children last Friday — filling all seats on the aircraft."[40]

(d) Dr. Bonnie HenryBC Provincial Health Officer allows gatherings of 50 and when challenged on conflicting figures from across Canada confirm "None of these are based on scientific evidence."[41]

(e) Dr. Yaffe:Ontario's Associate Chief Officer of Health Dr. Yaffe caught blatantly violating the social-distancing rules, just minutes after the premier said that based on public-health officials' advice we'll have to stay on lock-down for an indefinite period.[42] No such indefinite "lock-down" was mandated by any law.

158. The Plaintiffs state, and the fact is, that the illegal actions, and decrees issued by Trudeau, Ford, Tory, and other public officials were done, in abuse and excess of their offices, knowingly to propagate a groundless and falsely-declared 'pandemic'', and generate fear and confusion on the ground, not only with

[40] Retrieved from: https://www.cbc.ca/news/politics/challenger-flight-may-scheer-qualtrough-1.5530542
[41] Retrieved at: https://www.1043thebreeze.ca/2020/04/01/bc-not-budging-on-50-person-limit-restirction/
[42] https://twitter.com/RosemaryFreiTO/status/1254908247322083331

citizens, but further, and moreover, with enforcement officials who are pursuing, detaining, ticketing for perfectly legal conduct, because of the contradictory laws, and conduct of these public officials. All the while, their own personal conduct clearly manifests a knowledge that the 'pandemic'' is false, and the measures phony, designed and implemented for improper and ulterior purposes, at the behest of the WHO, controlled and directed by Billionaire, Corporate, and Organizational Oligarchs.

C/ IGNORING AND NOT ADDRESSING THE MEDICAL EXPERTS' EVIDENCE

- **The Nature of Viral Respiratory Illness (or Disease) and COVID-19**

159. The Plaintiff Dr. Denis RANCOURT, Ph.D., and co-Plaintiffs state, and the fact is that, as is borne out by vast preponderance of medical and scientific study, that regardless of the novel viral specification ("strain"), viral strains which lead to Seasonal Viral Respiratory Illness (Diseases) annually follow the same pattern, namely:

(a) That classifying causes of death by "influenza" or "influenza-related", or "pneumonia" is unhelpful and unreliable in the face of under-lying chronic diseases, particularly in the elderly (co-morbidity");

(b) That what is of more and central relevance is simply the total number of excess deaths during a viral strain season;

(c) That the year-to-year winter-burden (excess) mortality in mid- latitude nations is robustly regular, with respect to Seasonal Viral Respiratory illness due to the following:

(i) The absolute humidity which directly controls the impact of the transmission of airborne, pathogen-laden aerosol particle droplets;

(ii) In mid-latitude countries, on either side of the Equator, "Flu-season" emerges in the late fall-winter months, owing to the dry, humidity-free, air which allows the pathogen-laden aerosol particles to travel freely and effectively to infect and be transmitted from person to person which phenomenon occurs on both sides of the Equator, at different times on the calendar year, given the reversal of the seasons on the opposite sides of the Equator;

(iii) As the temperature rises, and humidity content in the air increases, the incident of transmission is reduced.[43] In tropical year-round hot climates this phenomenon is not generally in play. Nor is it at play in extreme cold climates towards both North and South Poles.

160. The Plaintiffs further state, and the fact is, as reflected in the scientific and medical literature that:

(a) The above means that all the viral respiratory diseases that seasonally plague temporal-climate populations every year are extremely contagious for two reasons: (1) they are transmitted by small aerosol particles that are part of the fluid air and fill virtually all enclosed air spaces occupied by

[43] "All-Cause Mortality during COVID-19". Denis G. RANCOURT PhD., June 2nd, 2020, and all cited scientific and medical studies therein.

humans, and (2) a single such aerosol particle carries the minimal infective dose (MID) sufficient to cause infection in a person, if breathed into the lungs, where the infection is initiated.

(b) This is why the pattern of all-cause mortality is so robustly stable and distributed globally, if we admit that the majority of the burden is induced by viral respiratory diseases, while being relatively insensitive to the particular seasonal viral ecology for this operational class of viruses. This also explains why the pattern is inverted between the Northern and Southern hemispheres, irrespective of tourist and business air travel and so on.

(c) The data shows that there is a persistent and regular pattern of winter-burden mortality that is independent of the details, and that has a well constrained distribution of year to year number of excess deaths (approximately 8% to 11% of the total yearly mortality, in the USA, 1972 through 1993). Despite all the talk of epidemics and pandemics and novel viruses, the pattern is robustly constant.

(d) An anomaly worthy of panic, and of harmful global socio-economic engineering, would need to consist of a naturally caused yearly winter-burden mortality that is statistically greater than the norm. That has not occurred since the unique flu pandemic of 1918 (the "Spanish Influenza"). Covid-19 is no exception and no more virulent than all others apart from the influenza pandemic of 1918.

(e) Scientific studies show that the three recent epidemics assigned as pandemics, the H2N2 pandemic of 1957, the H3N2 pandemic of 1968, and the H1N1 pandemic of 2009, were not more virulent (in terms of yearly winter-burden mortality) than the regular seasonal epidemics . In fact, scientific studies further show that the epidemic of 1951 was concluded to be more deadly, on the basis of P&I data, in England, Wales and Canada, than the pandemics of 1957 and 1968).[44]

- **Contrary Views of the Experts to WHO protocol**

161. The Plaintiffs further state that the COVID-19 measures have in fact accelerated, and caused more than would be normal deaths, and in the elderly population, which has accounted for 81% of the deaths with respect to COVID-19, mostly in Long-Term Care facilities.[45]

162. The Plaintiffs state and fact is that these Defendants, while purportedly relying on "advice" from their medical officers, are not transparent as to what the advice was, nor the scientific/ medical basis was, and in fact suppressing it. In fact, to date, they refuse to disclose where they are ultimately getting this 'advice'', and from whom, based on what medical evidence. The fact is that they are simply parroting the "advice" and dictates of the WHO without any scrutiny whatsoever, and without ever addressing nor recognizing Canadian and international experts who took, and continue to take, a contrary view and criticism of those directives from the WHO.

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[44] "All-Cause Mortality during COVID-19". Denis G. RANCOURT PhD., June 2nd, 2020, and all cited scientific and medical studies therein.

[45] "All-Cause Mortality during COVID-19". Denis G. RANCOURT PhD., June 2nd, 2020, and all cited scientific and medical studies therein.

163. The Plaintiffs state that such experts include, but are not restricted to:

(a) **Dr Sucharit Bhakdi** , a specialist in microbiology. He was a professor at the Johannes Gutenberg University in Mainz, Germany, and head of the Institute for Medical Microbiology and Hygiene and one of the most cited research scientists in German history.

(b) **Dr Wolfgang Wodarg**, a German physician specializing in Pulmonology, politician and former chairman of the Parliamentary Assembly of the Council of Europe. In 2009 he called for an inquiry into alleged conflicts of interest surrounding the EU response to the Swine Flu pandemic.

(c) **Dr Joel Kettner** , a professor of Community Health Sciences and Surgery at Manitoba University, former Chief Public Health Officer for Manitoba province and Medical Director of the International Centre for Infectious Diseases.

(d) **Dr John Ioannidis**, a Professor of Medicine, of Health Research and Policy and of Biomedical Data Science, at Stanford University School of Medicine and a Professor of Statistics at Stanford University School of Humanities and Sciences. He is director of the Stanford Prevention Research Center, and co-director of the Meta-Research Innovation Center at Stanford (METRICS).

(e) **Dr Yoram Lass**, an Israeli physician, politician and former Director General of the Health Ministry. He also worked as Associate Dean of the Tel Aviv University Medical School and during the 1980s presented the science-based television show Tatzpit.

(f) **Dr Pietro Vernazza** , a Swiss physician specializing in Infectious Diseases at the Cantonal Hospital St. Gallen and Professor of Health Policy.

(g) **Frank Ulrich Montgomery** ,a German radiologist, former President of the German Medical Association and Deputy Chairman of the World Medical Association.

(h) **Prof. Hendrik Streeck**, a German HIV researcher, epidemiologist and clinical trialist. He is professor of virology, and the director of the Institute of Virology and HIV Research, at Bonn University.

(i) **Dr Yanis Roussel et. al.** – A team of researchers from the Institut Hospitalo-universitaire Méditerranée Infection, Marseille and the Institut de Recherche pour le Développement, Assistance Publique-Hôpitaux de Marseille, conducting a peer-reviewed study on Coronavirus mortality for the government of France under the 'Investments for the Future' programme.

(j) **Dr. David Katz** , an American physician and founding director of the Yale University Prevention Research Center.

(k) **Michael T. Osterholm**, a regents professor and director of the Center for Infectious Disease Research and Policy at the University of Minnesota.

(l) **Dr Peter Goetzsche** , a Professor of Clinical Research Design and Analysis at the University of Copenhagen and founder of the Cochrane Medical Collaboration.[46]

[46] https://www.fort-russ.com/2020/03/coronavirus-skepticism-these-12-leading-medical-experts-contradict-the-official-government-media-narrative/

And the Plaintiffs state, and fact is, that the above-noted experts are not alone in their contrary views and criticisms, but merely examples of a much bigger body of experts who take the same views, which contradict and criticize the WHO and current measures adopted by Canada, Ontario and Toronto.

164. These experts have expressed, in summary, for example, the following opinions:

(a) By **Dr. Sucharit Bhakdi**:

> "**[that The government's anti-COVID19 measures] are grotesque, absurd and very dangerous [...] The life expectancy of millions is being shortened.** The horrifying impact on the world economy threatens the existence of countless people. The consequences on medical care are profound. Already services to patients in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. All this will impact profoundly on our whole society. All these measures are leading to self-destruction and collective suicide based on nothing but a spook."

(b) By **Dr Wolfgang Wodarg** that:

> "what is missing right now is a rational way of looking at things. We should be asking questions like "How did you find out this virus was dangerous?", "How was it before?", "Didn't we have the same thing last year?", "Is it even something new?" That's missing."

(c) By **Dr Joel Kettner** that:

> "I have never seen anything like this. I'm not talking about the pandemic, because I've seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don't always know what they are. But I've never seen this reaction, and I'm trying to understand why. . . I worry about the message to the public, about the fear of coming into contact with people, being in the same space as people, shaking their hands, having meetings

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https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/?__c?_chl_jschl_tk__=337111ad6d6d902b24b4e099f5281c65e3e4b9f4-1585388282-0-Af0o_edKyUgbHvh1VcWNkI9pmmKmNDpIe3t8p8AzOfNSL3KMq2f_1tyTqyj4i1RlgmD_uDh8P8ulAs_zAhps_nKe8fMclO8scdWTV4Jf5xpZtzHt3Hg5mrz4twiZSnTJ3tojWZUi6Vu4pAcnuDnaZ4WVv7Da0oCcEh38A0GuO5trR0zZOfPrwpXW5P7QlRjcNju5ST6yX4Fv7A09GNLFQRibRl8X1HgEpCzf5fPlQtOchyiX9wWUG-oM4wlgZqVvKDyUdHNQO1ZpMAXQFtOaEb9VeapKfqawhowADQDFU00X9yL8VLExpR33YwWjprrD7_zYCdPsl6xlOAZ06Js3baiu9t35M7s2F9IrPgzUR0W5&fbclid=IwAR0ZWy2bg8_HioqtuJ-5xuOP8zKS-ds2-OqPxNL3MArzYJbwwEhrKImvnkA

with people. I worry about many, many consequences related to that. . . In Hubei, in the province of Hubei, where there has been the most cases and deaths by far, the actual number of cases reported is 1 per 1000 people and the actual rate of deaths reported is 1 per 20,000. So maybe that would help to put things into perspective."

(d) **By Dr John Ioannidis** that:

"Patients who have been tested for SARS-CoV-2 are disproportionately those with severe symptoms and bad outcomes. As most health systems have limited testing capacity, selection bias may even worsen in the near future. . . The one situation where an entire, closed population was tested was the Diamond Princess cruise ship and its quarantine passengers. The **case fatality rate there was 1.0%,** but this was a largely elderly population, in which the death rate from Covid-19 is much higher. . . .Could the Covid-19 case fatality rate be that low? No, some say, pointing to the high rate in elderly people. However, even some so-called mild or common-cold-type coronaviruses that have been known for decades can have case fatality rates as high as 8% when they infect elderly people in nursing homes. If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to "influenza-like illness" would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average. . . ."A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data", *Stat News*, 17th March 2020."

(e) **By Dr Yoram Lass** that:

"Italy is known for its enormous morbidity in respiratory problems, more than three times any other European country. In the US about 40,000 people die in a regular flu season. . . .In every country, more people die from regular flu compared with we all forget: the swine flu in 2009. That was a virus that reached the world from Mexico and until today there is no vaccination against it. But what? At that time there was no Facebook or there maybe was but it was still in its infancy. The coronavirus, in contrast, is a virus with public relations. . . .Whoever thinks that governments end viruses is wrong. – Interview in *Globes*, March 22nd 2020."

(f) **By Dr Pietro Vernazza** that:

> "We have reliable figures from Italy and a work by epidemiologists, which has been published in the renowned science journal ‹Science›, which examined the spread in China. This makes it clear that around 85 percent of all infections have occurred without anyone noticing the infection. 90 percent of the deceased patients are verifiably over 70 years old, 50 percent over 80 years. . . .In Italy, one in ten people diagnosed die, according to the findings of the *Science* publication, that is statistically one of every 1,000 people infected. Each individual case is tragic, but often – similar to the flu season – it affects people who are at the end of their lives. . . . **If we close the schools, we will prevent the children from quickly becoming immune. . . .We should better integrate the scientific facts into the political decisions.** – Interview in *St. Galler Tagblatt*, 22nd March 2020 ."

(g) **By Frank Ulrich Montgomery** that:

> "I'm not a fan of lockdown. Anyone who imposes something like this must also say when and how to pick it up again. Since we have to assume that the virus will be with us for a long time, I wonder when we will return to normal? You can't keep schools and daycare centers closed until the end of the year. Because it will take at least that long until we have a vaccine. Italy has imposed a lockdown and has the opposite effect. They quickly reached their capacity limits, but did not slow down the virus spread within the lockdown. – Interview in *General Anzeiger*, 18th March 2020."

(h) **By Prof. Hendrik Streeck** that:

> "The new pathogen is not that dangerous, it is even less dangerous than Sars-1. The special thing is that Sars-CoV-2 replicates in the upper throat area and is therefore much more infectious because the virus jumps from throat to throat, so to speak. But that is also an advantage: Because Sars-1 replicates in the deep lungs, it is not so infectious, but it definitely gets on the lungs, which makes it more dangerous. . . .You also have to take into account that the Sars-CoV-2 deaths in Germany were exclusively old people. In Heinsberg, for example, a 78-year-old man with previous illnesses died of heart failure, and that without Sars-2 lung involvement. Since he was infected, he naturally appears in the Covid 19 statistics. But the question is whether he would not have died anyway, even without Sars-2. – Interview in *Frankfurter Allgemeine*, 16th March 2020".

(i) **By Dr Yanis Roussel** et, al. that:

> "The problem of SARS-CoV-2 is probably overestimated, as 2.6 million people die of respiratory infections each year compared with less than 4000 deaths for SARS-CoV-2 at the time of writing. . . .This study compared the mortality rate of SARS-CoV-2 in OECD countries (1.3%) with the mortality rate of common coronaviruses identified in AP-HM patients (0.8%) from 1 January 2013 to 2 March 2020. Chi-squared test was performed, and the P-value was 0.11 (not significant)....it should be noted that systematic studies of other coronaviruses (but not yet for SARS-CoV-2) have found that the percentage of asymptomatic carriers is equal to or even higher than the percentage of symptomatic patients. The same data for SARS-CoV-2 may soon be available, which will further reduce the relative risk associated with this specific pathology. – "SARS-CoV-2: fear versus data", *International Journal of Antimicrobial Agents*, 19th March 2020."

(j) **By Dr. David Katz** that:

> "I am deeply concerned that the social, economic and public health consequences of this near-total meltdown of normal life — schools and businesses closed, gatherings banned — **will be long-lasting and calamitous, possibly graver than the direct toll of the virus itself**. The stock market will bounce back in time, but many businesses never will. The unemployment, impoverishment and despair likely to result will be public health scourges of the first order. – "Is Our Fight Against Coronavirus Worse Than the Disease?", *New York Times* 20th March 2020."

(k) **By Michael T. Osterholm** that:

> "Consider the effect of shutting down offices, schools, transportation systems, restaurants, hotels, stores, theaters, concert halls, sporting events and other venues indefinitely and leaving all of their workers unemployed and on the public dole. The likely result would be not just a depression but a complete economic breakdown, with countless permanently lost jobs, long before a vaccine is ready or natural immunity takes hold. . . [T]he best alternative will probably **entail letting those at low risk for serious disease continue to work, keep business and manufacturing operating**, and "run" society, while at the same time advising higher-risk individuals to protect themselves through physical distancing and ramping up our health-care capacity as aggressively as possible. With this battle plan, we could gradually

build up immunity without destroying the financial structure on which our lives are based.
– "Facing covid-19 reality: A national lockdown is no"

cure", *Washington Post* 21st March 2020

(l) **By Dr Peter Goetzsche** that:

> "Our main problem is that no one will ever get in trouble for measures that are too draconian. They will only get in trouble if they do too little. So, our politicians and those working with public health do much more than they should do. . . .No such draconian measures were applied during the 2009 influenza pandemic, and they obviously cannot be applied every winter, which is all year round, as it is always winter somewhere. We cannot close down the whole world permanently. . . .Should it turn out that the epidemic wanes before long, there will be a queue of people wanting to take credit for this. And we can be damned sure draconian measures will be applied again next time. But remember the joke about tigers. "Why do you blow the horn?" "To keep the tigers away." "But there are no tigers here." "There you see!"[47]
> "Corona: an epidemic of mass panic", blog post on *Deadly Medicines* 21st March 2020

165. Expert criticism has also been levelled by Canadian experts, including:

(a) **By Dr Denis Rancourt, Ph.D.,** expert in public health and Researcher,

In stating that:

> "Federal and provincial Canadian government responses to and communications about COVID-19 have been irresponsible.""The approach being followed by governments is reckless.""Justification for the early panic-response is not corroborated.""Faith in epidemic-modelling of catastrophe-scenarios and mitigation strategies is not justified."[48]

(b) **Dr. Richard Schabas,** Ontario's former Chief Medical Officer who is of

the opinion that:

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[47] Another 10 experts have been added to this link. Total is 22 experts.
https://www.europereloaded.com/twenty-two-experts-questioning-the-coronavirus-panic-videos-scientific-common-sense/

[48] http://ocla.ca/wp-content/uploads/2014/01/OCLA-Report-2020-1-Criticism-of-Government-Response-to-COVID19.pdf

- "We have **fundamentally over-reacted and misjudged the magnitude of the problem**."
- "lockdown measures are unsustainable"
- "the virus isn't going anywhere"
- "In no country, including Italy, has the death toll come anywhere close to what we would expect in an average influenza year."(CBC News, March 22, 2020)[49]

(c) Based on Dr. Richard Schabas' study of SARS and quarantine[50] Schabas states:

> "far more cases are out there than are being reported. This is because many cases have no symptoms and testing capacity has been limited. There have been about 100,000 cases reported to date, but, if we extrapolate from the number of reported deaths and **a presumed case-fatality rate of 0.5 per cent**, the real number is probably closer to two million – the vast majority mild or asymptomatic."
>
> " **the number of deaths was comparable to an average influenza season**. That's not nothing, but it's not catastrophic, either, and it isn't likely to overwhelm a competent health-care system. Not even close." "Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay calm and carry on. **Let's not make our attempted cures worse than the disease**."[51]

(d) **Dr Joel Kettner** - former Chief Public Health Officer for Manitoba province; professor of Community Health Sciences and Surgery at Manitoba University; Medical Director of the International Centre for Infectious Diseases. In a phone interview on CBC Radio he stated:

> "in 30 years of public health medicine **I have never seen anything like this**, anything anywhere near like this. I'm not talking about the pandemic, because I've seen 30 of them, one every year. It is called influenza. . . . But I've never seen this reaction, and I'm trying to understand why.

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[49] https://www.youtube.com/watch?v=sm9alyH8x
https://ca.news.yahoo.com/virus-isnt-going-anywhere-says-121720522.html

[50] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2094974/

[51] https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire/

> . . . **the data they are getting is incomplete to really make sense of the size of the threat**. We are getting very crude numbers of cases and deaths, very little information about testing rates, contagious analysis, severity rates, who is being hospitalised, who is in intensive care, who is dying, what are the definitions to decide if someone died of the coronavirus or just died with the coronavirus. There is so much important data that is very hard to get to guide the decisions on how serious a threat this is.
>
> The other part is **we actually do not have that much good evidence for the social distancing** methods. It was just a couple of review in the CDC emerging infectious disease journal, which showed that although some of them might work, we really don't know to what degree and the evidence is pretty weak.
> The third part is the pressure that is being put on public health doctors and public health leaders. And that **pressure is coming from various places**. The first place it came from was the Director-General of the World Health Organization (WHO) when he said *"This is a grave threat and a public enemy number one"*, I have never heard a Director-General of WHO use terms like that."[52]

166. Other pointed criticism and opposite views include:

(a) **Stanford University Team**—to the effect that the Evidence of Covid 19 mortality rate is low;[53]

(b) **By Thomas Stavola**, Rutgers University Law School Relaxation of Lockdown via Quarantine of Symptomatics and Digital Contact Tracing, Experts Agree, indicating that:

> "The latest scientific data indicates that mild and asymptomatic prevalence is much higher than previously thought, thus, **the true**

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[52] https://off-guardian.org/2020/03/17/listen-cbc-radio-cuts-off-expert-when-he-questions-covid19-narrative/?__cf_chl_jschl_tk__=d3faf8dfba5018289da87f791a612c2495a7f86d-1585163840-0-AcjXr346mVjSnluV8YDpGpd_VknFDStnK_liia4dphot9-E3ukKrgN7snq4BA4LggYPkDzlCQ8JXC7G-hqZtf0BZ0LJgFi5mB5Wv34UJsPHJy6UbROLM35V1nV98oiPR7t8pfCObZ75WWrgS4NCn6vwzBMXALZw0UMU32u_sijPnsW53IpHqSEwCnDdx9dfpJokTen28kaf0Is4UoNQMtfCxCbBpmxmdeFwYj6XWo-XQXWC4rA57a_cBCLR54bfmC1mS1vPBIsHHqljjCg5N2joO9spQJUCbF80INdWsmat8SOzlb2pDrfNdA9dCUdG2tRszCWgTBrVxRFu7zjPABr3JjOhvjtLlkniXq3AnMs1lCUOrIhPAGzHmXAsEvsRUw

[53] https://www.greenmedinfo.com/blog/stanford-team-finds-evidence-covid-19-mortality-rate-low-2-17-times-lower-whos-esta?utm_campaign=Daily%20Newsletter%3A%20Personal%20update%20%28VVNwgr%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9lbWFpbCI6ICJqb2huZnJvbW91dHdlc3RAZ21haWwuY29tIiwgImtsX2NvbXBhbnlfaWQiOiAiSzI2WEFSIn0%3D

> **fatality rate is closer to 0.4%**, or possibly even lower. While SARS-CoV-2 can be severe in very small subset, these values indicate that the population-based severity burden is much lower than initially considered months ago. Studies indicate that asymptomatic transmission is negligible[1]. Maria Van Kerkhove, who heads the World Health Organization's emerging diseases and zoonoses unit, stated that asymptomatic cases are definitely not a major driver of transmission."[54]

(c) **By Knut Wittkowski** - German epidemiologist. **Mass Isolation Preventing Herd Immunity** , and conluding that:

> "The lockdown prevents the normal progression of natural immunity that is key to protecting the wellbeing of the most vulnerable. The extended lockdown will increase the harm already done many fold including deaths.
>
> Dr. Wittkowski said we must protect and quarantine the frail, sick and very elderly 10% of our population, while allowing the other 90% to acquire the virus with mild to no symptoms, thereby gaining true NATURAL herd immunity. He estimated this to be a 4 week process.
>
> When people are allowed to go about their daily lives in a community setting, he argued, the elderly could eventually – sooner rather than later – come into contact with the rest of the population in "about four weeks" because the virus at this point would be "vanquished."
>
> ***"With all respiratory diseases, the only thing that stops the disease is 'herd immunity,'"*** [55]

(d) **By Martin Dubravec, MD** - Allergist/Clinical Immunologist Allergy and Asthma Specialists of Cadillac Cadillac, MI, conducting that:**The Answer is Herd Immunity**[56]**;**

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[54] https://medium.com/@tomstavola/latest-science-on-covid-19-and-digital-contract-tracing-f58ee55b3b9b

[55] https://www.aier.org/article/stand-up-for-your-rights-says-professor-knut-m-wittkowski/?fbclid=IwAR2ZuYv6CbCsjiln2UJHXOk84KOjbSOWoxceTSiaNZdl_eZuhadppi25PnE https://ratical.org/PerspectivesOnPandemic-II.html

[56] https://aapsonline.org/coronavirus-covid-19-public-health-apocalypse-or-anti-american/

(e) **By Dr. Dubravec's** whose advice on how to end this epidemic is:

> "What can be done to end this epidemic? **The answer is herd immunity**. Let those who will not die nor become seriously ill from the disease get infected and immune to the disease. Don't close schools – open them up! Don't close universities – reopen them! Let those under the age of 65 with no significant health problems go to work. Their risk of death is very close to zero. They become the wall that stops the virus.
>
> **Our current strategy of isolating these healthy people from the virus: a. is not working** – the virus is still spreading and b. for those who theoretically may be shielded from the virus, they will get exposed later. **Our current strategy is actually leading to a prolonged COVID-19 season!** Herd immunity works and despite our current efforts to mess it up, **herd immunity will be the ultimate reason the virus dies down**. We should promote the concept, not try to stop it. Unlike the influenza epidemics of the past, this virus is not attacking young people. We can use herd immunity to our collective advantage."
>
> **The bottom line is that herd immunity is what will stop the virus from spreading. Not containment. Not a vaccine. Not staying locked in our homes.** It's time we had an honest conversation on how to move beyond containment.

(f) By **Professor Peter C. Gøtzsche** that: "**The Coronavirus mass panic is not justified."**[57]

(g) **By the Wall Street Journalin "Rethinking the Coronavirus Shutdown", that :**

> No society can safeguard public health for long at the cost of its economic health.[58]

[57] https://www.deadlymedicines.dk/wp-content/uploads/G%C3%B8tzsche-The-Coronavirus-mass-panic-is-not-justified.pdf

[58] https://www.wsj.com/articles/rethinking-the-coronavirus-shutdown-11584659154

(h) **By the Professor Yitzhak Ben Israel** of Tel Aviv University, who plotted the rates of new coronavirus infections of the U.S., U.K., Sweden, Italy, Israel, Switzerland, France, Germany, and Spain, concluding that:

> "The numbers told a shocking story: irrespective of whether the country quarantined like Israel, or went about business as usual like Sweden, **coronavirus peaked and subsided in the exact same way**. The professor believes this evidence - **actual evidence and data, not the projections of some model - indicate that there is no need for either quarantines or economic closures."**[59]

(i) **By Professor Stefano Montanari that: "The Virus Vaccine is a Scam"[60];**

(j) **By Virologist Hendrick Streeck that: "There is no danger of infecting someone else while shopping"[61];**

(k) **By:**

(i) **Sucharit Bakhdi:**[62]

(ii) **John Ioannidis, Stanford:**[63]

(iii) **John Lee:**[64]

(iv) **Perspectives on the Pandemic | Professor Knut Wittkowski | Episode 2.**[65]

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[59] https://www.afa.net/the-stand/culture/2020/04/shutdowns-were-pointless-all-along/#.XpnwkkhO_ZA.facebook

[60] https://europeansworldwide.wordpress.com/2020/04/02/the-virus-vaccine-is-a-scam/

[61] https://www.zuercher-presse.com/virologe-hendrick-streeck-gibt-keine-gefahr-beim-einkaufen-jemand-anderen-zu-infizieren/?cn-reloaded=1

[62] https://www.youtube.com/watch?v=JBB9bA-gXL4&fbclid=IwAR1XMZJdTEpe-9woCk7YlMd5WShxUms_loYZYLKVBR8CQlCkGVjD63ZSSY

[63] https://www.youtube.com/watch?v=d6MZy-2fcBw&fbclid=IwAR1LCsQoUVv3dmZzn_2Uwzl85XgFofld0tnn8iSMTMAODv5N9_Dwsi7f3K4

[64] https://www.spectator.co.uk/article/how-to-understand-and-report-figures-for-covid-19-deaths-/amp

[65] https://www.youtube.com/watch?v=lGC5sGdz4kg

(v) **"Medical Doctor Blows C Vi Rus Scamdemic Wide Open" Andrew Kaufman M D in (Nederlands ondertiteld);**[66]

All indicating that the "pandemic" is **not** a pandemic and the modeling and measures unwarranted;

(l) **French researchers**: in COVID FEAR vs. DATA :

> "Under these [first world] conditions, there does not seem to be a significant difference between the mortality rate of SARS-CoV-2 in OECD countries and that of common coronaviruses " which are responsible for 10 to 20 percent of all respiratory infections, including colds, worldwide."[67]

(m) **In :Coronavirus COVID-19: Public Health Apocalypse or Panic, Hoax, and Anti-American?**[68]**;**

(n) **In :Stanford doctor says Fauci doesn't have the evidence to back up his claims;**[69]

(o) **In :Questioning Conventional Wisdom in the COVID-19 Crisis, with Dr. Jay Bhattacharya;**[70]

(p) **By Dr M. I. Adil , Corona Virus is a Hoax;**[71]

(q) **In Resp therapist blowing the whistle on covid -19.**[72]

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[66] https://www.youtube.com/watch?v=S8JBg9H725E

[67] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102597/?fbclid=IwAR29vpTe-Dk-_xoVzVRbuAgVhil1k0DcZkGqyYsak6lC-OBvjZcBRPGcyjc

[68] https://aapsonline.org/coronavirus-covid-19-public-health-apocalypse-or-panic-hoax-and-anti-american/

[69] https://www.youtube.com/watch?v=-UO3Wd5urg0

[70] https://www.youtube.com/watch?v=J04YzligPyU

[71] https://www.youtube.com/watch?v=y9WelOX1UuQ&feature=youtu.be

[72] https://www.youtube.com/watch?v=R0aDAM5LzWA

- **COVID- Measures Worse than Virus**

167. Another thematic point of sound scientific and medical criticism is that the COVID - measures are worse than the virus as reflected in, **inter alia**, the following:

(a) At least one study suggests the ultimate changes in contact patterns triggered by social distancing measures **could end up having a negative effect on the population** and, in some cases, even worsen the outcome of the epidemic.[73]

(b) **Cost of Coronavirus cure could be deadlier than the disease.**[74], by Carpay who is president of the Justice Centre for Constitutional Freedoms;

(c) **California ER Physicians: Sheltering in Place Does More Harm than Good - Lowers Our Immune System.**

(d) Doctors Dan Erickson and Artin Massihi of Accelerated Urgent Care in Kern County, California say the longer people stay inside, the more their immune system drops. The secondary effects, the child abuse, alcoholism, loss of revenue – all of these are, in our opinion, significantly more detrimental thing to society than a virus that has proven similar in nature to the seasonal flu that we have every year.[75]

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[73] J R Soc Interface. 2018 Aug; 15(145): 20180296.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127185/pdf/rsif20180296.pdf
https://www.greenmedinfo.com/blog/social-distancing-may-worsen-epidemic-outcomes

[74] https://www.jccf.ca/the-cost-of-the-coronavirus-cure-could-be-deadlier-than-the-disease/

[75] https://vaccineimpact.com/2020/california-er-physicians-sheltering-in-place-does-more-harm-than-good-lowers-our-immune-system/
https://prepforthat.com/kern-county-california-doctors-coronavirus-end-shutdown/

(e) **Economic Consequences of Lockdown:**

> "Our leaders must reopen our country immediately. We will survive this virus. We will not survive this economic lockdown."[76]

168. With respect to treatment measures, the Defendants further ignored, and continue to ignore, the following expert criticism and opposition;

(a) **Ventilators are not working and may be increasing harm.** New evidence reveals there is no 'pneumonia' nor ARDS with CV 19. Ventilators are not only the wrong solution, but high pressure intubation can actually wind up causing more damage than without. Ventilators are not working and may be increasing harm. Over 80% of individuals put on ventilators are dying. [77]

(b) **Managing the Flow.** The truth for any new virus is that most people will be exposed to it. If one's goal is to NEVER get COVID-19, one would pretty much need to live on lockdown for the rest of his/her life. The ONLY reason for the lockdown is to manage the flow of people through our hospitals so that those who have acute symptoms will get the care they need to hopefully not die. Is the desire to manage the flow of people through our hospitals worth shutting down our economy? Given most hospitals are operating at 50% or less of capacity, have we not over managed the flow?

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[76] https://www.facebook.com/groups/221945012378955/

[77] https://web.archive.org/web/20200405061401/https://medium.com/@agaiziunas/covid-19-had-us-all-fooled-but-now-we-might-have-finally-found-its-secret-91182386efcb

(c) **No Evidence Masks Work.** No RCT study with verified outcome shows a benefit for HCW or community members in households to wearing a mask or respirator. There is no such study. Likewise, no study exists that shows a benefit from a broad policy to wear masks in public. Furthermore, if there were any benefit to wearing a mask, because of the blocking power against droplets and aerosol particles, then there should be more benefit from wearing a respirator (N95) compared to a surgical mask, yet several large meta-analyses, and all the RCT, prove that there is no such relative benefit.

(d) **Ineffectiveness of Masks & Respirators** - D. G. Rancourt.[78]

(e) **Conflicting Advice About Face Masks to Prevent CV 19.** There is currently no evidence that wearing a mask (whether medical or other types) by healthy persons in the wider community setting, including universal community masking, can prevent them from infection with respiratory viruses, including COVID-19.[79]

(f) **The surgeon general said not to wear a mask.**[80]

(g) **Over 3 times the risk of contracting influenza like illness if cloth mask is used versus no mask at all;**[81]

(h) "Penetration of cloth masks by particles was almost 97% compared to medicalmaskswith44%";[82]

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[78] https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy?fbclid=IwAR3xOsnDOC2oRHau1k8F8_rA6CmfTvca6eZY1lS_8H0GRc5uHhKYPoWEmfk

[79] https://thevaccinereaction.org/2020/04/face-masks-to-prevent-covid-19-conflicting-facts-advice/#_edn5

[80] https://www.businessinsider.com/who-no-need-for-healthy-people-to-wear-face-masks-2020-4

[81] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/

(i) **Report on surgical mask induced deoxygenation during major surgery"**[83] ;

(j) **Co-Factors:** Not everyone is at equal risk of dying from COVID 19. CV 19 has spread unevenly around the world, clustered in several hot pockets, while leaving other areas with scant outbreaks. What other factors are contributing to the COVID 19 virus mortality?;

(k) **Link Between Air Pollution and CV 19;**[84]

(l) **Underlying Disease and COVID- 19.**[85]

169. The Plaintiffs state, and the fact is, that the evidence is that far many, more people have died as result of the "pandemic" measures themselves, than purportedly from the "COVID- deaths", even if one takes the deaths "caused" by COVID as a given, through the following consequences of the measures:

(a) Spikes in suicide rates resulting in intense clinical depression from the measures;

(b) Spikes in drug over-dose attributable to measures;

(c) Spikes in domestic violence and murder as a direct result of the measures;

(d) Deaths resulting from the cancellation of over 170,000 medical surgeries;

(e) Deaths from persons afraid to leave their homes to obtain medical diagnosis and treatments; and

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[82] https://www.sciencedaily.com/releases/2015/04/150422121724.htm

[83] https://www.ncbi.nlm.nih.gov/pubmed/18500410

[84] https://thevaccinereaction.org/2020/04/study-shows-link-between-fine-particle-air-pollution-and-covid-19-mortality/

[85] https://thevaccinereaction.org/2020/04/covid-19-hospitalized-patients-and-underlying-chronic-disease/

(f) Sub-space spikes in starvation, given the UN World- Food Bank warning that 130 Million additional people will be on the brink of starvation by end of 2020 due to disruption of supply chains due to COVID Measures.

170. It is to be noted that the above-noted criticism was early on in the outbreak which criticism has now intensified both in volume and accuracy, that the COVOD-measures are unwarranted, extreme, and not based on science and medicine.

171. Another pointed area of disagreement and criticism, which continues, along with the above-noted, which the Defendants refuse to acknowledge, ignore, and not respond to, is the questioning of this as a "pandemic" rather than a typical seasonal viral respiratory illness, as reflected, inter alia, by the following:

(a) **California has a 0.0003% Chance of Death from Covid 19**":

> "Initial models were woefully inadequate. They predicted millions of cases of death. Not of prevalence or incidence but deaths. This is not materializing. What is materializing in California is 12% positives... This equates to 4.7 million cases in California. This is the good news.... We have seen 1,227 deaths. California has 0.0003% chance of death from Covid-19. Is this enough to justify a lock-down?"
>
> **"COVID-19 Antibody Seroprevalence in Santa Clara County, California"**Conclusion: "The population prevalence of SARS-CoV-2 antibodies in Santa Clara County implies that the infection is much more widespread than indicated by the number of confirmed cases. Population prevalence estimates can now be used to calibrate epidemic and mortality projections." [86]

[86] https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v1

(b) The above research, in (a) above, is ground-breaking and provides foundational support for narratives such as :

(i) the initial models were incorrect;

(ii) conflicts of interest (Gates/Fauci/Democrats) contributed to an over-hyped response and failure to revisit despite availability of new data (confirmation bias);

(iii) we need to be rational here as the lock-down is hurting normal citizens - the 99% ;

(iv) no evidence exists to justify forceful solutions like mandatory Covid-19 vaccinations, community immunity passwords, contact tracing, or increased domestic surveillance;

(v) we need to root out and remove all conflicts of interests in our public health institutions, both CDC and WHO; again

(vi) **Annual Influenza Deaths vs. CV 19 deaths.** It is claimed that 7 to 8,000+ Canadians die from season viral respiratory illness each year. The number of Canadians who have died from Covid-19 does not stray from annual season viral respiratory illness death total,[87] notwithstanding the inflated, false " covid-deaths";

(c) In 2009-2010, the world experienced the swine flu pandemic (H1N1). During that pandemic it is claimed that 203,000 people were killed world-

[87] https://www.worldometers.info/coronavirus/?nsukey=8gR2B80EUvHglg1gz%2FFrRbGWu%2BhOoChcVMEV2tcidO%2FguhcnKlUP26Oevxq86h8W7SYtAC%2FYsoVycvKvhtVZgT%2FvREx1TON%2BcUTJ6uKZDsLJ4QDUYN0QG2n2IfAPsDuLBJZryuEWbYH8BsYmR4hwzTgazvCLjqZsbV0YQAANZ46gHbo7Sf%2Beyzk1c3WND68j

wide by the virus. There was not a need to shut down our entire way of life in 2009. It is still unclear why this is the strategy being implemented today;

(d) The CDC has tracked the total number of Americans who die every week from pneumonia. For the last few weeks, that number has come in far lower than at the same moment in previous years. How could that be? **It seems that doctors are classifying conventional pneumonia deaths as COVID-19 deaths.** That would mean this epidemic is being credited for thousands of deaths that would have occurred if the virus never appeared here.

(e) **Number of influenza cases and deaths according to WHO every year.**[88]

(f) **Are the numbers of CV deaths accurate?**[89]

(g) **Montana physician Dr. Annie Bukacek discusses how COVID 19 death certificates are being manipulated;**[90]

(h) **Italy: 99% who died from virus had other illness;**[91] The Key Points being that :

- The cases and deaths of this new disease COVID19 are being described as "flu-like symptoms with pneumonia" but **there is NO data that shows SARSCov2 is present in all of these cases/deaths.** Only coronavirus of which there are many strains.

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[88] http://www.euro.who.int/en/health-topics/communicable-diseases/influenza/seasonal-influenza/burden-of-influenza?fbclid=IwAR0ZDNTwTXKGve_oJVmtZsGKFAi44JYSo6IAf4GkA47EYD88O5b6FS-8Rkw

[89] https://www.ctvnews.ca/health/coronavirus/why-the-exact-death-toll-for-covid-19-may-never-be-known-1.4881619

[90] https://www.youtube.com/watch?v=CnmMNdiCz_s

[91] https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says?utm_campaign=pol&utm_medium=bd&utm_source=applenews&fbclid=IwAR0qN9k2HVmAghrK-Wrl72I7oBoNY1vFAGY3dI-M7GWKirK6cfUeAI16yg

- This is because **the PCR test is not reliable enough** to identify the new strain - laboratory testing is only identifying coronavirus. This is the flaw in the CDC/WHO theory of causality for this "new" disease "COVID19". They haven't provided any data about the presence of this new strain (SARSCov2) in COVID19 and it is known that many influenza viruses and bacteria cause "flu-like symptoms with pneumonia".

- Until you have evidence to prove the causality of COVID19 disease as being to SARsCov2 by showing that it is present in every case of the disease then there is no new disease. Koch's postulates need to be used to provide proof of causality.

- **Mathematical Modeling Flawed**
In March, UK epidemiologist Neil Ferguson from the Imperial College of London issued a mathematical "model" that predicted that as many as 500,000 in the UK would die from Covid-19. On March 24th Ferguson revised his modeling projections to read 20,000 deaths, and "likely far fewer." On April 2nd Ferguson revised it again to read 5,700 deaths. The problem was that many world leaders used Ferguson's original number to shut down most of the planet.[92]

(i) The Canadian government implemented the lockdown on the basis of Neil Ferguson's Imperial College mathematical modeling that was grossly flawed. Ferguson has drastically backtracked on his predictions which begs the question why is Canada now doubling down on the lockdown that will not be lifted until a vaccine is ready?

(j) **UK Decides CV 19 No Longer A 'High Consequence Infectious Disease'** As of March 19, 2020, COVID-19 is no longer considered to be a high consequence infectious diseases (HCID) in the UK.[93]

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[92] https://prepforthat.com/fear-mongering-covid-19-epidemiologist-says-he-was-wrong/

[93] https://prepforthat.com/uk-officials-covid-19-no-longer-high-consequence-infectious-disease/

(k) High Consequence Infectious Disease Public Health England, have provided current information and regarding COVID-19 mortality rates as low. The Advisory Committee on Dangerous Pathogens (ACDP) in the UK and is also of the opinion that COVID-19 should no longer be classified as an HCID (High Consequence Infectious Disease).[94]

(l) **Our World in Data researchers announced this week that they had stopped relying on World Health Organization data for their models.**[95]

(m) **New Oxford study suggests millions have already built up coronavirus immunity.**[96]

(n) **Lack of Good Data. If you are going to do something as draconian as shut down an economy, you better be right, and you better have good data.** The government has neither.[97]

(o) **Dr Teresa Tam's incompetent virus response.**[98]

(p) **BC health officer Dr Bonnie Henry admits They did not use science to impose restrictions.**[99]

172. The measures have been also heavily criticized, on a legal basis, in Canada and abroad. Early on in the declaration, on March 26th, 2020 the UN Commissioner

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[94] https://www.gov.uk/topic/health-protection/infectious-diseases

[95] https://fee.org/articles/oxford-based-group-stops-using-who-data-for-coronavirus-reporting-citing-errors/?fbclid=IwAR1okWvqn-qe7zvbHxoUY_U-4Nlqe6A8mOVwGqw4_N3gk9TXsfs_P6eEMJA

[96] https://news.yahoo.com/oxford-study-suggests-millions-people-221100162.html?soc_src=hl-viewer&soc_trk=fb

[97] https://www.foxnews.com/opinion/tucker-carlson-we-must-ask-the-experts-how-they-screwed-up-the-coronavirus-models-so-badly?fbclid=IwAR0xrpFytibdv5JJLOR2fveTjvpj5b23tn7JFn2uemrXeu27GDFRpeuDLoI

[98] https://www.spencerfernando.com/2020/03/29/devastating-timeline-reveals-total-incompetence-of-theresa-tams-virus-response/

[99] https://www.youtube.com/watch?v=SY8fcICOG4c&feature=youtu.be&fbclid=IwAR0BmcUm4qk7BB3VuJRqvaJpyuB0VfyIkymVM0ILmF-uOKiKJbD_cdKQIIs&app=desktop

for Human Rights, Michelle Bachelet, took an opposite view to that of Dr. Teresa Tam, whose view is that it is appropriate to run rough-shod over these rights and worry about it later, where Bachelet early declared that:

> "Lockdowns, quarantines and other such measures to contain and combat the spread of COVID-19 should always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk."

173. Former UK Supreme Court Justice Lord Sumpton was an early opponent to the lock-down measures. In a BBC interview of May18th, 2020, he re-iterated and stated, **inter alia**, as follows:

> JS: because they seem to me to have no real purpose in continuing the lockdown other than to spare themselves public criticism. now one does understand why politicians don't want to be criticized but it's the mark of a statesman that you're prepared to stand up for the national interest and not simply to run away before public opinion. especially when you have in a sense created that public opinion yourself by frightening the daylights out of people over the over the last eight weeks and trying to persuade them that this is a much more virulent epidemic than it actually is.
> ....
> LS: what i'm advocating now is that the lockdown should become entirely voluntary. it is up to us, not the state, to decide what risks we are going to take with our own bodies. now, the traditional answer that people give to that is: "well, but by going out or in the streets and in shops and things you are infecting other people". but you don't have to take that risk you can voluntarily self-isolate. you don't have to go into the streets. you don't have to go to the shops. people who feel vulnerable can self-isolate, and the rest of us can then get on with our lives.
>
> ....
>
> we have never lived in a risk-free world and we're never going to live in a risk-free world.
>
> ...
>
> we are entitled to take risks with our own lives especially when basically life is only worth living if you are prepared to engage in social activities. which inevitably involve risk. that is part of life.

174. The Plaintiffs state, and fact is, that the above-noted **scientific and medical expert opinions,** against and in severe criticism of the "pandemic" declaration, and its draconian and un-necessary measures, are not exhaustive, but examples. The Plaintiffs state, and fact is, that the Defendants have never acknowledged, addressed, spoken to, nor responded to these contrary expert views, and further state that the Defendants, including the mega-social media, such as YouTube, Facebook, Amazon, Google, Yahoo and like, as well as CBC, have intentionally suppressed, censored, belittled and removed the publication of any such contrary views, contrary to the principles and methodology of science and medicine, with the acquiescence and actual support of the Canadian Federal government, which government threatens to add criminal sanctions to assist these media for what they irrationally, arbitrarily and unscientifically deem "misinformation", and further violate the Plaintiffs' rights to freedom of speech, expression, and the media, contrary to s.2 of the **Charter**, by the government's acts and omissions in making threats of criminalizing speech, and doing absolutely nothing, by omission, to regulate this type of "Stalinist censorship".

D/ THE SCIENCE & MEDICINE OF COVID-19

- **Summary (Overview)**

175. The Plaintiffs state, and the fact is, that the World Health Organization,("WHO"), our federal, provincial and municipal governments, and the mainstream media, propagate that we are facing the biggest threat to humanity in our lifetime. This is false.

176. The fact is that, false and baseless predictions of wide-spread infection with high rates of mortality persuaded governments that unprecedented containment measures were necessary to save us from certain peril.

177. The fact is that, while there is more about the SARS-CoV-2("COVID-19") coronavirus that needs to be understood, the scientific and medical evidence clearly demonstrates that the mathematical modeling used to justify extreme containment measures were invalid. Further, that the vast majority of the population is not at serious risk of complications or mortality as a result of exposure to COVID-19.

178. The fact is that, the mass and indiscriminate containment of citizens, the restriction of access to our economy, courts, parliament and livelihoods, medical and therapeutic care, and the imposition of physical distancing and other restrictions are measures that have never before been implemented nor tested, nor have a scientific or medical basis.

179. The fact is that, the impact of these measures on physical, emotional, psychological, and economic well-being is profoundly destructive, unwarranted, and clearly not sustainable.

180. The fact is that, these drastic isolation measures are not supported by scientific or medical evidence. There is considerable agreement in the scientific community that such drastic measures are not sustainable nor warranted or justified, and while these measures may delay viral spread, they are unlikely to impact overall morbidity.

181. The fact is that, this over-hyped COVID-19 pandemic narrative is creating unnecessary panic and being used to justify systemic governmental violations of the rights and freedoms that form the basis of our society, including our constitutional rights, sovereignty, privacy, rule of law, financial security, and even our very democracy.

182. The fact is that, it is clear that significant violations of the Plaintiffs' rights and freedoms are being perpetrated by the federal, provincial and municipal governments and health authorities.

183. The fact is that, as a result of all of the above, the Plaintiffs have suffered and continue to suffer, severe violations of their constitutional rights which are justified on any measurement, including s. 1 of the **Charter.**

- **The Covid -Measures Unscientific, Non-Medical, Ineffective, and Extreme**

184. The Plaintiffs state and the fact is, that the Measures implemented lack scientific and medical evidence to support containment measures in that:

(a) Mass and indiscriminate lockdown of the general population has not been previously attempted in modern history, and has no scientific nor medical basis. In fact, Dr. Bonnie Henry, BC Chief Medical Officer, has flatly stated that the measures are not based on science or medicine.

(b) A 2011 review of the literature to evaluate the effectiveness of social distancing measures such as school closures, travel restrictions, and restrictions on mass gatherings to address an influenza pandemic concluded that *"such drastic restrictions are not economically feasible*

and are predicted to delay viral spread but not impact overall morbidity "[100]

(c) There are no realistic and contextual studies of the negative social, family, psychological, and individual health consequences of extended general population lockdowns, nor the impact on the national economy.

(d) The long-term impact of the broadly applied infringements of civil rights and freedoms is not known, including any permanent structural erosion of democracy itself due to increased authoritarianism and heightened regulatory or penal consequences for violating government directives.

(e) The measures enacted by the federal, provincial and municipal governments are unprecedented.

(f) The government has acted in diametrical opposition to the precautionary principle: *"Government shall not act with insufficient scientific knowledge, if the action has any likelihood of causing more harm than good"*.

(g) Justification for the early panic response has not been corroborated. [101]

(h) Faith in epidemic-modeling and the resulting mitigation strategies are not justified.

(i) Physicians globally are expressing alarm over the exponentially growing negative health consequences of the national shutdown. [102] [103]

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[100] Social Distancing as a Pandemic Influenza Prevention Measure
https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf
101 http://ocla.ca/wp-content/uploads/2014/01/OCLA-Report-2020-1-Criticism-of-Government-Response-to-COVID19.pdf
[102] https://www.scribd.com/document/462319362/A-Doctor-a-Day-Letter-Signed#from_embed
[103] https://www.forbes.com/sites/gracemarieturner/2020/05/22/600-physicians-say-lockdowns-are-a-mass-casualty-incident/#20248e5250fa

(j) Despite the importance given to physical distancing as a containment measure, there is a lack of scientific evidence on the effectiveness of such intervention on the long-term health of citizens. [104] [105]

(k) There is no scientific evidence to substantiate the effectiveness of two meter 'physical distancing' as an intervention to reduce SARS-CoV-2 transmission and infection and to improve overall health. [106]

(l) Dr. Martin Dubravec, MD, a Clinical Immunologist states: *"The bottom line is that herd immunity is what will stop the virus from spreading. Not containment. Not a vaccine. Not staying locked in our homes. It's time we had an honest conversation on how to move beyond containment."* [107]

(m) A review of the scientific literature with regards to the use of masking concluded there is no scientific evidence to substantiate the effectiveness of masking of the general public to prevent viral infection and transmission. [108]

(n) Denis Rancourt, Ph.D. has identified the many unknowns regarding the potential harm from a broad public policy of masking. Rancourt concludes: "In an absence of knowledge, governments should not make policies that have a hypothetical potential to cause harm. The government

[104] Benjamin E Berkman. Mitigating pandemic influenza: the ethics of implementing a school closure policy. Journal of Public Health Management and Practice: JPHMP, 14(4):372–378, August 2008. PMID: 18552649.
[105] https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf
[106] https://www.zuercher-presse.com/virologe-hendrick-streeck-gibt-keine-gefahr-beim-einkaufen-jemand-anderen-zu-infizieren/?cn-reloaded=1
[107] https://aapsonline.org/coronavirus-covid-19-public-health-apocalypse-or-anti-american/
[108] https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

has an onus barrier before it instigates a broad social-engineering intervention or allows corporations to exploit fear-based sentiments." [109]

(o) A study of cloth masks cautions against the use of cloth masks. The study concludes: "As a precautionary measure, cloth masks should not be recommended." [110]

(p) According to Dr. Richard Schabas, former Chief Medical Officer for Ontario -*"Quarantine belongs back in the Middle Ages. Save your masks for robbing banks. Stay calm and carry on. Let's not make our attempted cures worse than the disease."* [111]

(q) On May 20, 2020, Dr. Teresa Tam, Canada's Chief Medical Officer, publicly advised the use of non-medical masks for the general public to provide an *"added layer of protection"* that could help prevent asymptomatic or pre-symptomatic Covid-19 patients from unknowingly infecting others. Dr. Tam's advice is not supported by scientific evidence. [112]

(r) It would appear that any advice/requirement to use masks is for a purpose/agenda other than the prevention of viral infection and transmission.

(s) A paper published on January 30, 2020 in *The New England Journal of Medicine* (*NEJM*) which appeared to confirm that individuals who are

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[109] https://www.researchgate.net/publication/340570735_Masks_Don't_Work_A_review_of_science_relevant_to_COVID-19_social_policy

[110] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4420971/

[111] https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-[illegible]

[112] https://www.politico.com/news/2020/05/20/canada-non-medical-masks-provinces-reopen-271008

asymptomatic can transmit SARS-CoV-2 to others has subsequently proven to contain major flaws and errors.[113]

(t) The imposition of mass and indiscriminate self-isolation measures prevents the development of natural immunity necessary to secure herd immunity and end the epidemic. [114]

(u) On April 6, 2020, German epidemiologist, Knut Wittkowski, released a statement warning that artificially suppressing the virus among low risk people like school children may *"increase the number of new infections"* as it keeps the virus circulating much longer than it normally would.[115]

(v) On March 24, 2020 global medical experts declared that efforts to contain the virus through self-isolation measures would negatively impact population immunity, maintain a high proportion of susceptible individuals in the population, prolong the outbreak putting more lives at risk, damage our economy and the mental stability and health of the more vulnerable. [116] [117]

(w) A review of recent literature pertaining to social distancing measures conducted by David Roth and Dr. Bonnie Henry of the BC Centre for Disease Control concluded the following: a) widespread proactive school closures are likely not an effective prevention measure during an influenza

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[113] https://www.sciencemag.org/news/2020/02/paper-non-symptomatic-patient-transmitting-coronavirus-wrong
[114] https://www.aier.org/article/herd-immunity-is-misleading/
[115] Stand Up for Your Rights, says Bio-Statistician Knut M. Wittkowski. American Institute for Economic Research. April 6, 2020
https://www.aier.org/article/stand-up-for-your-rights-says-professor-knut-m-wittkowski/
[116] https://off-guardian.org/2020/03/24/12-experts-questioning-the-coronavirus-panic/
[117] https://www.europereloaded.com/twenty-two-experts-questioning-the-coronavirus-panic-videos-scientific-common-sense/

pandemic; b) stringent travel restrictions and border control may briefly delay imminent pandemics, these approaches are neither economically nor socially feasible; and c) there is no recent evidence outlining the effectiveness of the prohibition of mass gatherings. [118]

(x) According to a public statement issued by the BC Ministry of Health: a) COVID-19 virus has a very low infection rate in children and youth; b) In BC, less than 1% of children and youth tested have been COVID-19 positive; c) There is no conclusive evidence that children who are asymptomatic pose a risk to other children or to adults, and d) Schools and childcare facility closures have significant negative mental health and socioeconomic impacts on vulnerable children and youth. [119]

(y) According to a May 21, 2020 letter from Dr. Mark Lysyshyn, MD, Deputy Chief Medical Health Officer with Vancouver Coastal Health: *"Although children are often at increased risk for viral respiratory illnesses, that is not the case with COVID-19. Compared to adults, children are less likely to become infected with COVID-19, less likely to develop severe illness as a result of infection and less likely to transmit the infection to others."* Dr. Lysyshyn further states: *"Non-medical masks are not needed or recommended. Personal protective equipment such as medical masks and gloves are not recommended in the school environment."* [120]

(z) On May 21, 2020, British Columbia's Chief Health Officer, Dr. Bonnie Henry stated: *"We're encouraging people [to wear masks] as a mark of*

[118] https://nccid.ca/wp-content/uploads/sites/2/2015/04/H1N1_3_final.pdf
[119] https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-k-12-schools.pdf
[120] http://www.vch.ca/Documents/COVID-VCH-Schools-May-21-2020.pdf

respect, as a mark of politeness, and paying attention to the welfare of others." The recommendation to mask no longer is on the basis of effectiveness but instead is being promoted as a social grace. [121]

(aa) British Columbia's Chief Health Officer, Dr. Bonnie Henry, when addressing a question regarding the inconsistency among the provinces of Canada on COVID-19 restrictions placed on Canadians stated: *"None of this is based on science."* [122]

(bb) The reported number of deaths attributed to SARS-CoV-2 is demonstrably unreliable given the inclusion of "*presumptive*" deaths, and the failure of the medical establishment to differentiate between individuals dying *from* COVID 19 and those with co-morbidities dying *with* COVID 19. [123] [124]

(cc) The failure to differentiate between individuals dying *from* COVID 19 and those with co-morbidities dying *with* COVID 19 inflates the risk of mortality from SARS-CoV-2 and undermines confidence in any response strategy based on mortality statistics. [125]

(dd) Doctors globally are being pressured to issue death certificates that identify COVID 19 as the cause of death even when other co-morbidity issues are the more likely cause of death.

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[121] https://www.straight.com/covid-19-pandemic/may-21-coronavirus-update-bc-resistance-health-measures-regional-restrictions-gender-differences-second-wave

[122] https://www.youtube.com/watch?v=SY8fclCOG4c&feature=youtu.be&fbclid=IwAR0BmcUm4qk7BB3VuJRqvaJpyuB0Vfyfk_ymVM6HLmF-u0KiKJbD_cdKQIIs&app=desktop

[123] Why the exact death toll for COVID-19 may never be known. CTV News, April 3, 2020 https://www.ctvnews.ca/health/coronavirus/why-the-exact-death-toll-for-covid-19-may-never-be-known-1.4881619

[124] https://www.cpsbc.ca/for-physicians/college-connector/2020-V08-02/04

[125] https://www.bloomberg.com/news/articles/2020-03-18/99-of-those-who-died-from-virus-had-other-illness-italy-says

(ee) The presentation of mortality data, expressed as a percentage of deaths of *tested and confirmed cases*, is distorting the risk and creating undue panic. This data fails to include a significant percentage of the population who contracted the virus but were not tested nor confirmed and who recovered without medical intervention.

(ff) To date, the number of reported deaths attributed to SARS-CoV-2 is not out of "normal" range when compared to the annual mortality from influenza and pneumonia (seasonal viral respiratory illness) recorded through the last decade. [126] [127] [128]

(gg) According to Dr. Richard Schabas, former Chief Medical Officer of Ontario, strictly by the numbers, the coronavirus does not register as a dire global crisis.

(hh) No data has been provided by the Government of Canada nor Ontario to indicate that the total mortality in Canada has increased substantially from previous years.

(ii) Mortality modeling by the World Health Organization, Imperial College of London, and the US Institute for Health Metrics and

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[126] Strictly by the numbers, the coronavirus does not register as a dire global crisis. Richard Schabas. The Globe and Mail. March 9, 2020
https://www.theglobeandmail.com/opinion/article-strictly-by-the-numbers-the-coronavirus-does-not-register-as-a-dire

[127] New Data Suggest the Coronavirus Isn't as Deadly as We Thought. WDJ/Opinion. April 17, 2020
https://www.greenmedinfo.com/blog/stanford-team-finds-evidence-covid-19-mortality-rate-low-2-17-times-lower-whos-esta
https://www.medrxiv.org/content/10.1101/2020.04.14.20062463v2

[128] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7102597/?fbclid=IwAR29vpTe-Dk-xoVzVRbuAgVhil1k0DcZkGqyYsak6lC-OByjZcBRP6cyjc

Evaluation have all been drastically "downgraded". Strategies and measures based on these original predictions are invalid.[129] [130]

(jj) As of March 19, 2020, the status of COVID-19 in the United Kingdom was downgraded. COVID-19 is no longer considered a high consequence infectious disease (HCID). The Advisory Committee on Dangerous Pathogens (ACDP) in the UK is also of the opinion that COVID-19 should no longer be classified as an HCID (High Consequence Infectious Disease). [131] [132]

(kk) **On March 26, 2020,** Dr. Anthony Fauci published an editorial in the *New England Journal of Medicine* stating that *"the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza with a case fatality rate of perhaps 0.1%."* [133]

(ll) On April 9, 2020, Canadian public health officials stated: "In a best-case scenario, Canada's total COVID-19 deaths can range from 11,000 to 22,000." And "In the bad scenarios, deaths go well over 300,000." As of May 21, 2020, the total reported deaths from COVID 19 in Canada was 6,145. As of July 2, 2020, the total deaths attributed to COVID 19 in Canada was 8,642. In 2018, the mortality rate of the 2018 influenza/pneumonia in Canada which

[129] How One Model Simulated 2.2 Million U.S. Deaths from COVID-19. Cato Institute. April 21, 2020 https://www.cato.org/blog/how-one-model-simulated-22-million-us-deaths-covid-19
[130] https://prepforthat.com/fear-mongering-covid-19-epidemiologist-says-he-was-wrong/
[131] https://www.gov.uk/topic/health-protection/infectious-diseases
[132] https://prepforthat.com/uk-officials-covid-19-no-longer-high-consequence-infectious-disease/
[133] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7121221/

was **23 per 100,000**. [134] In a population of 37.7 M, this equates to approximately 8,671 deaths. This is the mortality even though a vaccine exists for both influenza and pneumonia and there is a high uptake rate in the senior population.

(mm) The World Health Organization knew as early as February 28, 2020 that most people will have mild illness from SARS-CoV-2 infection and get better without needing any special care. [135]

(nn) The Canadian government has implemented a re-start strategy that continues to maintain the unsubstantiated narrative that the SARS-CoV-2 virus is extra-ordinarily dangerous and requires extra-ordinary social distancing measures never before implemented.

(oo) The re-start strategy recommended by the federal and various provincial governments is based on 'sector' rather than 'risk'. There is no evidence that a re-start based on sector has scientific merit.

(pp) According to a number of infectious disease experts, hospital capacity, rather than the number of infections should be the metric of choice for relaxing restrictions. [136]

(qq) There is no evidence that harms caused by the mass and indiscriminate containment of citizens was calculated and

[134] https://www.statista.com/statistics/434445/death-rate-for-influenza-and-pneumonia-in-canada/
[135] WHO Director-General's opening remarks at the media briefing on COVID-19 - 28 February 2020 https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---28-february-2020
[136] https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns

considered in the modeling and strategic planning response to SARS-CoV-2. [137]

(rr) SARS (2003), Swine Flu/H1N1 (2009), and MERS (2012) were all considered pandemics by the World Health Organization. Each of these pandemics were effectively contained without lockdowns, economic ruin, violations of privacy, and the indefinite loss of the right to work and personal freedoms. SARS and MERS dissipated on their own naturally without any vaccine intervention. [138]

(ss) Academic studies of media coverage during the 2003 Canadian SARS outbreak concluded that the media coverage was excessive, sensationalist, and sometimes inaccurate. Government health agencies were criticized for lacking a unified message and communications strategy, resulting in confusion and panic about the disease. [139] These same criticisms hold even more true for media and government response to SARS-CoV-2.

(tt) The suspension of our civil liberties is not justified by the known risk posed by SARS-CoV-2.

(uu) In a statement released on March 24, 2020, professor Peter Gotzche states: *"The coronavirus mass panic is not justified."* The suspension of our right to liberty, to work, to travel, and to conduct

[137] Rethinking the Coronavirus Shutdown. WSJ/Opinion. March 19, 2020
https://www.wsj.com/articles/rethinking-the-coronavirus-shutdown-11584659154
[138] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2094974/
[139] https://www.thecanadianencyclopedia.ca/en/article/sars-severe-acute-respiratory-syndrome

commerce is not justified by the known risk posed by SARS-CoV-2. [140]

(vv) There is no independent human rights oversight committee to track human rights violations associated with SARS-CoV-2 response measures in Canada.

(ww) Communications about SARS-CoV-2 by the Government of Canada and mainstream media have been exaggerated, distorted, irresponsible, and appear to have been purposely designed to evoke fear and panic. The fear is out of proportion to the actual risk of mortality.

(xx) Governments and media have repeatedly failed to properly distinguish between the 'risk of infection' and 'the risk of mortality'. For the vast majority of the population the risk of mortality is extremely low.

(yy) Prevalence of SARS-CoV-2 in the entire Canadian population is very low. Extreme social controls should never be used in low prevalence epidemics.

(zz) As presented by PHAC, the modelling techniques used to establish probabilities of the epidemic trends and thus "inform" policy decisions have no basis in evidence, are completely inflated, and essentially amount to statistical chicanery.

[140] The Coronavirus mass panic is not justified. Professor Peter C. Gøtzsche24 March 2020
https://www.deadlymedicines.dk/wp-content/uploads/G%C3%B8tzsche-The-Coronavirus-mass-panic-is-not-justified.pdf

(aaa) Using total case numbers as though they represent the risk of being infected with SARS-CoV-2 is perception management. While these numbers may be of interest for epidemiological study, they have little bearing on the true risk facing citizens.

(bbb) Severity of SARS-CoV-2 is estimated by infection fatality rates. Infection fatality rates cannot be established until the total number of cases, both symptomatic and asymptomatic, in the entire population can be estimated.

(ccc) The Canadian government failed to perform a national random sample test to establish a SARS-CoV-2 baseline across the entire population to justify the restrictions and violations of rights and freedoms.

(ddd) Exaggerated claims and distorted messages have contributed to an atmosphere of fear and uncertainty that is destructive to the well-being of Canadians. It would appear that the real epidemic is an epidemic of fear.

(eee) The evoked fear and panic is so entrenched amongst a large proportion of Canadians that it is extremely difficult to reverse that message even when the scientific data does not support such panic.

(fff) As recent as May 22, 2020 Prime Minister Justin Trudeau told reporters that contact tracing needs to be ramped up across the county. Trudeau stated that he "strongly recommends" provinces use cell phone apps when they become available, and that this use

would likely be mandated. Use of surveillance technologies to monitor citizens constitutes a clear violation of our right to privacy.

(ggg) As of May 24, 2020, the Prime Minister of Canada has not invoked the *Emergencies Act*. Therefore, emergency measures announced by the Prime Minister and his public statements to Canadians to "just stay home" have no legal basis or authority, are an abuse of power, and is resulting in confusing, dangerous and unlawful messaging.

(hhh) The Prime Minister of Canada and Ontario Premier Doug Ford have repeatedly stated that *"life will not return to normal until a vaccine is found"*. It is irresponsible to base a return to normal upon a vaccine when there is no guarantee that an effective and safe vaccine can be developed.

(iii) There are significant risks to both individuals and to confidence in the health care system by accelerating the development of a SARS-CoV-2 vaccine by relaxing normal and prudent safety testing measures.

(jjj) Health Canada has approved human trials of a SARS-CoV-2 vaccine (May 19, 2020) without clear evidence that prior animal testing to identify the potential risk of pathogenic priming (immune enhancement) has been conducted. Pathogenic priming

has prevented the development of an effective and safe coronavirus vaccine to date.

(kkk) Dr. Peter Hotez of Baylor College (who has previously tried to develop a SARS vaccine) told a US Congressional Committee on March 5, 2020 that coronavirus vaccines have always had a "unique potential safety problem" — a "kind of paradoxical immune enhancement phenomenon." [141]

(lll) To impose through influence, mandate, or coercion an inadequately tested SARS-CoV-2 vaccine product upon all Canadians when 99% of the population is not at risk of mortality is reckless, irresponsible and immoral.

(mmm) A SARS-CoV-2 vaccine ought to be targeted at the less than 1% of the population that is at risk of mortality, rather than the more than 99% that is not at risk.

(nnn) There is no moral, medical or ethical justification to ignore prudent safety protocols and to suggest that the use of this yet to be developed medical product is necessary for life to return to normal.

(ooo) Dr. Allan S. Cunningham, a retired pediatrician, has raised the possibility that a potential contributor to the current coronavirus outbreak is the seasonal influenza vaccine. A randomized placebo-controlled trial in children showed that the influenza vaccine

[141] https://www.c-span.org/video/?470035-1/house-science-space-technology-committee-hearing-coronavirus&start=1380

increased fivefold the risk of acute respiratory infections caused by a group of non influenza viruses, including coronaviruses. [142] [143]

(ppp) A study of US military personnel confirms that those who received an influenza vaccine had an increased susceptibility to coronavirus infection. [144]

(qqq) EU numbers show correlation between influenza vaccine and coronavirus deaths. The countries with highest death rates (Belgium, Spain, Italy, UK, France, Netherlands, Sweden, Ireland and USA) had all vaccinated at least half of their elderly population against influenza. [145]

(rrr) Canada continues to be one of only two G20 Nations which fails to compensate citizens who are injured and killed by government approved and recommended vaccine products. The other is Russia.

(sss) The unwillingness of the Government of Canada to provide compensation for vaccine injury, while at the same time imposing vaccine products upon its citizens, is unconscionable.

(ttt) To rely on a vaccine as the required strategy to returning life to normal is reckless, irresponsible and unwarranted.

(uuu) Jonathan Kimmelman, director of McGill University's biomedical ethics unit stated: "Outbreaks and national emergencies often

[142] https://www.bmj.com/content/368/bmj.m810/rr-0
[143] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/
[144] https://www.sciencedirect.com/science/article/pii/S0264410X19313647
[145] https://www.thegatewaypundit.com/2020/05/niall-mccrae-david-kurten-eu-numbers-show-correlation-flu-vaccine-coronavirus-deaths/

create pressure to suspend rights, standards and/or normal rules of ethical conduct. Often our decision to do so seems unwise in retrospect."

(vvv) On June 8th , 2020 the WHO publicly announced that the risk of symptomatic spreading of the virus was "**very rare**". This statement removed by Facebook as "fake News", given its very early, prior contrary assessment, the WHO, the next day partially retroacted this this June 8th, 2020 statement by qualifying without details or explanation that modeling suggested Asymptomatic transmission is possibly as high as 40%: NO evidence or study was provided, nor the basis of the previous day's release. On July 4th, 2020 the WHO re-re paddled back to its original June 8th, 2020 position.

185. The Plaintiff, VCC, had posted on its website, a CNBC report announcing the June 8th, 2020 WHO release, on Facebook, with respect that Asymptomatic transmission was very rare, which was immediately removed by Facebook as "Fake News" for, contradicting earlier WHO releases.

E/ HYPER – INFLATED, DISTORDETED TOTAL NUMBER OF CV-19 "CASES" & "DEATHS"

186. The Plaintiffs state that the total number of Covid-19 cases is the basis for almost all of the Covid-19 data including deaths in those cases, recovery from those cases, hospitalizations and ICU admissions of those cases and total active cases.[146] Total case numbers are also used for other epidemiological metrics (e.g., virulence and transmission rates of Covid-19).

187. Yet the total case numbers are inflated by both RT-PRC testing and WHO coding definitions.

188. The Plaintiffs state that the WHO coding of cases allows 'virus not identified', i.e., probable cases to be counted as Covid-19 cases.[147] WHO coding also inflates death data numbers by requiring **all cases** where Covid-19 is "probable or confirmed" to be certified as a death due to Covid-19 regardless of comorbidities. Admonishing physicians to "always apply these instructions, whether they can be considered medically correct or not."[148]

189. RT-PCR was never intended as a diagnostic tool[149] and is not an antigen test[150].

190. The Plaintiffs state that the PCR tests are based on an arbitrary cycling number (Ct) that is not consistent among testing laboratories.[151] "Cycling too much

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[146] Public Health Agency of Canada, https://www.canada.ca/en/public- health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html"Confirmed:A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a NAAT assay (e.g. real-time PCR or nucleic acid sequencing).

[147] WHO ICD-10 Coding https://www.who.int/classifications/icd/COVID-19-coding-icd10.pdf?ua=1]

[148] WHO Cause of Death Guidelines https://www.who.int/classifications/icd/Guidelines_Cause_of_Death_COVID-19-20200420-EN.pdf?ua=1

[149] Dr. Judy Mikowitz https://articles.mercola.com/sites/articles/archive/2020/05/03/is-the-new-coronavirus-created-in-a-lab.aspx "Epidemiology is not done with PCR. In fact, Kary Mullis who invented PCR, Nobel Laureate, and others, said PCR was never intended for diagnostic testing."

[150] Not an Antigen Test: Prof Eleanor Riley, Professor of Immunology and Infectious Disease, University of Edinburgh and Dr Colin Butter, Associate Professor and Programme Leader in Bioveterinary Science, University of Lincoln https://www.sciencemediacentre.org/expert-comment-on-different-types-of-testing-for-covid-19/

could result in false positives as background fluorescence builds up in the PCR reaction." Tests can show positive for minute amounts of RNA that are not causing illness and for non-infectious fragments of RNA.[152] RT-PCR tests cannot prove the pathogenic nature of the RNA.

191. RT-PCR tests have a specificity of 80-85%.[153] This means 15-20% of the time a positive test does not indicate the presence of RNA of SARS-CoV-2, but of some other RNA source. RT-PCR testing is not reliable for SARS-CoV-2 testing.[154]

192. RT-PCR tests are more likely to be false positive than false negative.[155] In low prevalence countries like Canada: "Such [false positive] rates would have large impacts on test data when prevalence is low. Inclusion of such rates significantly alters four published analyses of population prevalence and asymptomatic ratio. The high false discovery rate that results, when prevalence is low, from false positive rates typical of RT-PCR assays of RNA viruses raises questions about the usefulness of mass testing..."[10]

193. The Plaintiffs state that the implications of false positive tests include the following: "There are myriad clinical and case management implications. Failure to appreciate the potential frequency of false positives and the

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[151] Issues with the RT-PCR Coronavirus Test, David Crowe and Dr. Stephen Bustin, April 23, 2020 https://theinfectiousmyth.com/coronavirus/RT-PCR_Test_Issues.php]

[152] https://www.independent.co.uk/news/world/asia/coronavirus-south-korea-patients-infected-twice-test-a9491986.html

[153] RT-PCR Test 80–85% specificity per Dr. James Gill, Warwick Medical School, England https://www.sciencemediacentre.org/expert-comment-on-different-types-of-testing-for-covid-19/]

[154] Stability Issues of RT-PCR Testing of SARS-CoV-2, March 10, 2020 Abstract: https://pubmed.ncbi.nlm.nih.gov/32219885/ Full text: https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.25786 "In our study, we found a potentially high false negative rate of RT-PCR testing for SARS-CoV-2 in hospitalized patients in Wuhan clinically diagnosed with COVID-19. Furthermore, the RT-PCR results showed a fluctuating trend. These may be caused by insufficient viral material in the specimen, laboratory error during sampling, or restrictions on sample transportation."]

[155] . 10 False positives in reverse transcription PCR testing for SARS-CoV-2 https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v1.full.pdf]

consequent unreliability of positive test results across a range of scenarios could unnecessarily remove critical workers from service, expose uninfected individuals to greater risk of infection, delay or impede appropriate medical treatment, lead to inappropriate treatment, degrade patient care, waste personal protective equipment, waste human resources in unnecessary contact tracing, hinder the development of clinical improvements, and weaken clinical trials."[156]

194. A Chinese study[157] found, "In the close contacts of COVID-19 patients, nearly half or even more of the 'asymptomatic infected individuals' reported in the active nucleic acid test screening might be false positives."[158]

195. The Public Health Agency of Canada reports more than 1.4 million people have had PCR tests.[159] Considering the false positive rate, especially for contact tracing, this is not a good use of our resources (both dollars and testing staff).

196. As of June 15th, 2020 the COVID "statistics" are as follows:

(a) Population of Canada 2020--- 37,742,154;

(b) Total number of confirmed or probable cases as of June 15th -- 99,147:

(c) Therefore, 0.0026% of Canadians are testing positive;

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156 https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v2 <https://www.medrxiv.org/content/10.1101/2020.04.26.20080911v2>

157 Potential false-positive rate among the 'asymptomatic infected individuals' in close contacts of COVID-19 patients, March 23, 2020
http://html.rhhz.net/zhlxbx/017.htm
Full translation: https://theinfectiousmyth.com/articles/ZhuangFalsePositives.pdf

158 https://www.reddit.com/r/COVID19/comments/fik54b/false_positives_among_asymptomatic/ <https://www.reddit.com/r/COVID19/comments/fik54b/false_positives_among_asymptomatic/>

159 PHAC Daily Update, May 25: 1,454,966 total people tested
https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-epi-update-eng.pdf

(d) 0.00021% of Canadians are dying ''with'' or ''of COVID'' (there is no current differentiation between death " with" or "from" COVID statistically speaking). As of June 15,2020 the national death count from covid stands at 8,175, a completely inflated and distorted number, due to levels of gross mismanagement of patient care in institutions where outbreaks are reported, and death certificate mislabelling of dying ''with'' covid, as opposed to dying ''from'' covid. Meanwhile, the statistics (2018) for other causes of death, according to statistics Canada, in Canada were as follows:

(i) Suicides--- 3,811;
(ii) influenza and pneumonia (seasonal viral respiratory illness) --- 8,511*;
(iii) accidents (unintentional injuries) ---13,290;
(iv) medical error (including medications)--- 28,000;
(v) heart disease--- 53,134;
(vi) cancer--- 79,536.

197. The Plaintiffs state, and fact is that the US, UK, and Italy, through their public health officials have publicly admitted that a COVID death is tallied as such, simply where the COVID virus is found, **albeit** inactive, and regardless of whether the patient died from another **primary** cause of death, such as from cancer in palliative care. Thus a senior US Health official, on April 19th,2020, Dr. Ezike, Director of Public Health, put it this way:

> That means, that if you were in hospice and had already be given a few weeks to live, and then you also were found to have COVID, that would be counted as a COVID death.

> ''It means technically if you died of a clear alternate cause but you had COVID at the same time, its still listed as a COVID death.
>
> Everyone who is listed as a COVID death doesn't mean that was the cause of the death, but they had COVID at the time of death.

The Plaintiffs state, and the fact is, that Canada uses the same system, mandated by the WHO, because the WHO collapsed three different ways of certifying and classifying death into one, in order to grossly inflate the number of deaths "attributable" to covid-19.

198. This includes someone like George Floyd who was killed (murdered) by four (4) Minneapolis police officers, who have been charged with murder, in that the official autopsy report stipulated that he had tested positive for COVID months earlier. (Why George would be tested for COVID, in the circumstances, is beyond baffling).

199. The Plaintiffs state, and the fact is, that in many jurisdictions, such as New York City, a hospital is paid much more to deal with a "COVID-death", than a non-COVID death.

200. The Plaintiff states, and the facts is, that the false and faulty manner and method of determining a ''COVID-death'', is wholly and exclusively dictated by WHO guidelines and parroted by Chief Medical Officers in Canada, in furtherance of the WHO's false ''pandemic'', to instill baseless fears, in the WHO's non-medical agenda, at the control and instigation of Billionaire, Corporate, and Organizational Oligarchs, who actually control the agenda of the WHO, to effect their plan to install a New World (Economic) Order by means of

economic shut-down and mandatory vaccinations and surveillance of the planet's population.

F/ GLOBAL POLITICAL, ECONOMIC AGENDA BEHIND UNWARRANTED MEASURES

- **The Non-Medical measures and Aims of The Declared Pandemic- The Global Agenda**

201. The Plaintiffs state, and the fact is that the WHO is not, nor ever has been, an objective, independent **medical** body, but is riddled with over-reaching socio-economic and political dictates of its funders who, inexplicably over and above the nation-states who fund-it, is heavily funded, and directed, through its "WHO Foundation", and **GAVI,** by international Billionaire Oligarchs, and Oligarch organizations such as Bill Gates, GAVI, the World Economic Forum ("WEF"). The Plaintiff states, and the fact is, that WHO vaccination programs, funded by the Bill Gates and Melinda Foundation, have been accused, by the governments of various sub-Saharan African countries, as well as Nicaragua, India, Mexico and Pakistan, the Philippines, of conducting unsafe, damaging vaccine experiments on their children. In India, the Courts are investigating these vaccination experiments on children. The WHO has recently, in the context of the COVID-19, been expelled from various countries for lack of confidence, corruption, and attempted bribery of their officials, up to, and including, head(s) of state. The Plaintiffs further state, and fact is:

(a) There is a declared agenda to impose global mandatory vaccination, ID chipping, testing and immunity certification on all citizens. This global agenda has been in the works for decades. [160]

(b) Bill Gates, through his Foundation and Organization(s), is the largest private funder to the World Health Organization, is a leading proponent of keeping the economy locked down until a vaccine is developed. Gates is also a major advocate behind the contact tracing initiative. [161] Gates is a major investor in developing a SARS-CoV-2(COVID-19) vaccine and in tracking technology. Gates has a clear financial conflict of interest in advocating for a vaccine and contact tracing.

(c) Bill Gates has no medical or scientific training or credentials and holds no elected office. He should not be determining the fate of mankind. [162]

(d) The Gates Foundation (along with other partners) helped launch the Global Alliance for Vaccines and Immunization (GAVI). The foundation has given $4.1 billion to GAVI over the past 20 years;[163]

(e) These self-propelling agenda personally benefit Gates and other Billionaires, Corporations, and Organizations, particularly vaccines and computer and wireless technology, in his pharmaceutical (vaccine) holdings and agenda, as well as IT and internet holdings and concerns in that, overnight , a vast majority of socio-economic activity has been dislocated to a "virtual", "new normal" whereby everything from

[160] https://childrenshealthdefense.org/news/a-timeline-pandemic-and-erosion-of-freedoms-have-been-decades-in-the-making/
[161] https://www.lifesitenews.com/news/bill-gates-life-wont-go-back-to-normal-until-population-widely-vaccinated
[162] https://childrenshealthdefense.org/news/government-corruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/
[163] https://www.vox.com/future-perfect/2020/4/14/21215592/bill-gates-coronavirus-vaccines-treatments-billionaires

commerce, schools, Parliament, Courts, are converting to "virtual", not to mention the electronic surveillance through cellphone applications for contract tracing;

(f) The Gates Foundation project to develop at-home testing evolved from a two-year-old research project from the University of Washington that was intended to track the spread of diseases like influenza. All told, the Gates Foundation has poured about $20 Million into the effort. A project funded by the Gates Foundation will soon begin issuing at-home specimen collection kits for the novel coronavirus, COVID-19, according to a report in the Seattle Times.[164]

(g) Dr. Joel Kettner, former Chief Medical Officer revealed that pressure is being put on public health doctors and public health leaders by the Director-General of the World Health Organization (WHO) when he said, *"This is a grave threat and a public enemy number one"*. Kettner states – "I have never heard a Director-General of WHO use terms like that."[165]

(h) While these initiatives are presented as measures to address health, they significantly increase control by governments over their citizens, violate privacy, and are part of an agenda to impose vaccination by mandates and other forms of coercion.

(i) Contact tracing applications are being installed in cell phone software upgrades without the express knowledge or permission of consumers;

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[164] https://www.seattletimes.com/seattle-news/health/gates-funded-program-will-soon-offer-home-testing-kits-for-new-coronavirus/

[165] https://off-guardian.org/2020/03/17/listen-cbc-radio-cuts-off-expert-when-he-questions-covid19-narrative/

(j) The Centre for Disease Control in the United States is actively lobbying for increased masking and physical distancing measures, without substantive evidence to justify these measures., while in Canada compulsory masking has also emerged;

(k) Alan Dershowitz, a Harvard Law school professor has declared: *"If a safe vaccine is to be developed for Covid-19, I hope it's mandated, and I will defend it, and we'll argue that in the Supreme Court of the United States."* [166]

(l) Social media platforms such as Facebook, Pinterest, Instagram, Twitter, YouTube and others, under the direction of governments, are actively censoring information that challenges the SARS-CoV-2(COVID-19) pandemic narrative. Public debate on this topic is not being permitted, where Canada is no exception, and even worse, with the Canadian government threatening to enact **Criminal Code** provisions for those who utter or publish ''misinformation'' on COVID-19, including expert opinion;

(m) The voices of highly credentialed and respected scientists and medical doctors have been censored by the government and media, preventing them from providing critical information from their decades long experience in dealing with infectious diseases and epidemics. Even our own public health experts' experience and advice, gathered over many decades has been ignored. This includes Dr. Joel Kettner, former Chief

[166] https://www.forbes.com/sites/christopherrim/2020/05/20/more-than-stimulus-checks-how-covid-19-relief-might-include-mandated-vaccines/?fbclid=IwAR2nrvg0WDTdv_KwjL_wedTNWBe3pxbqQeQAvQIK4m8OfSctLGFhAU9rGYE#1d19b0d57992

Medical Officer of Manitoba and Dr. Richard Schabas, former Chief Medical Officer of Ontario.

(n) Scientists have been involved in "gain-of-function" (GOF) research since 2002 that seeks to generate viruses *"with properties that do not exist in nature"* and to *"alter a pathogen to make it more transmissible (to humans) or deadly."* [167] [168]

(o) Rather than instruct people on how to improve their overall health or boost their immunity with healthy foods, quality supplements, and physical activity, governments are telling citizens that the only way to survive the coronavirus crisis is to rush the development of a vaccine and then inject all seven billion humans on the planet.

(p) Many scientists and doctors have expressed confidence in high dose Vitamin C, Vitamin D supplementation, and other generic, inexpensive, and readily available medications and treatments to assist recovery. To state that there is no cure to SARS-CoV-2 (COVID-19) is dishonest.

(q) The "no cure" agenda devolves directly from the pharmaceutical industry, which is receiving billions of dollars from governments to develop expensive and, so far, unproven as safe and effective "cures". Yet safe, effective and inexpensive remedies that help with recovery from Covid-19 already exist.

[167] https://www.ncbi.nlm.nih.gov/books/NBK285579/
[168] https://www.sciencemag.org/news/2014/10/us-halts-funding-new-risky-virus-studies-calls-voluntary-moratorium

(r) Research in 2005 demonstrated that Chloroquine is a potent inhibitor of SARS coronavirus infection and spread, thus negating the urgent need for a vaccine. [169]

(s) Some governments are actively restricting access to treatments that have been proven to alleviate the symptoms of SARS-CoV-2(COVID-19) including VITAMIN C and D, zinc, HCQ, GTH precursors, and oxygen treatments, including hyperbaric chambers.

(t) The decision by governments globally to institute social controls and severe containment measures will prolong the epidemic and guarantee successive waves of infection. As social controls are lifted, susceptible individuals previously cocooned from infection will become exposed. Successive waves of infection is a certainty as a result of severe containment measures that prevented the development of natural immunity.

(u) Prime Minister Trudeau and Ontario Premier Ford have stated that "life will not return to normal until we have a vaccine", parroting Bill Gates and Gates' agenda, and has failed to take "mandatory vaccination" off the table as a potential action of the government.[170] It would appear that the Prime Minister and Premier are not considering any alternative plan to ending this lockdown.

[169] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1232869/
[170] https://nationalpost.com/news/canada/coronavirus-live-updates-covid-19-covid19

(v) The Government of Canada has not assumed legal and financial liability for any injury or death resulting from containment measures or the use of any vaccine.

(w) When a government uses its power to force ordinary citizens to give up their freedoms, that nation is in great danger of moral and economic collapse. [171]

202. The Plaintiffs state, and the fact is, that the non-medical aims and objectives to declare the "pandemic", for something it is not beyond one of many annual seasonal viral respiratory illnesses, was to, **inter alia,** effect the following non-medical agendas, by using the COVID- 19" as a cover and a pretext:

(a) To effect a massive bank and stock market bail-out needed because the banking system was poised to again collapse since the last collapse of 2008 in that the World debt had gone from $147 Trillion dollars in 2008 to $321 Trillion dollars in January, 2020 and that;

(i) With 10 days of the declared pandemic European and North American banks were given $2.3 Trillion dollars and further amounts to hold up stuck markets and corporations, for a total of approximately $5 Trillion dollars, largely going un-noticed in the face of the "pandemic", with this number progressively climbing ;

(ii) The shutting of virtually **all** , small independent businesses, with the bizarre, **but intended** consequence that a local, street-level clothing-store, or hardware store, or any store not selling food or medicine, is forced shut down but a Walmart or Costco could sell

[171] https://www.chp.ca/commentary/free-injections-or-mandatory-vaccinations

anything and everything in its stores because one section of the store sold food (an essential service);

(iii) Other stores unable to sell , had to close with the consequence that all small hardware shops, and the like, were closed but the large corporations such as Home Depot, and the like, were equipped to take o-line orders and have drive-by pick up;

(b) The fact is that the pandemic pretense is there to establish a "new normal"; of the New (Economic) World Order, with a concurrent neutering of the Democratic and Judicial institutions and an increase and dominance of the police state;

(c) A massive and concentrated push for mandatory vaccines of every human on the planet earth with concurrent electronic surveillance by means of proposed:

(i) Vaccine "chips", bracelets", and "immunity passports";

(ii) Contract- tracing via cell-phones;

(iii) Surveillance with the increased 5G capacity;

(d) The elimination of cash- currency and the installation of strictly digital currency to better-effect surveillance;

(e) The near-complete revamping of the educational system through "virtual" learning and closure of schools, particularly at the University levels.

203. The Plaintiffs state, and the fact is, that the benefactors of these goals and agendas are the global oligarchs who control and profit from vaccines and the technical infrastructure of information and communication such as Bill Gates,

and his companies and Organizations, who pursues global vaccination and profits from a global shift to "virtual economy" along with the other corporate oligarchs and their "on-line" sale and distribution infrastructure of globalization, and by-passing of effective national governance of nation-states under their own respective Constitutions, including Canada.

204. The Plaintiffs state, and the facts is, that this agenda is well on its way to "virtualizing", "corporatizing", and "isolating" even Parliament and the Courts to an embarrassing and debilitating degree as reflected by:

(a) Virtual Parliamentary Committers and sittings become the "new normal" because a declared "pandemic", is available every year, with projected "2nd and 3rd waves;

(b) The Supreme Court of Canada, on June 3rd,2020 announced virtual, "Zoom" hearing of its appeals with its first virtual appeal hearing on or about June 10th, 2020;

(c) The Chief Justice of the Ontario Superior Court, Justice Justice Geoffrey Morawetz, embarrassingly declared, on May 29th, 2020 that :

> "there is no real return to full-scale, what I will call normal operations, to pre-March operations, until such time that there's a vaccine available".

Whether the Chief Justice is aware, or not aware, that he was echoing a mantra originated by Bill Gates, and an agenda Gates has been pursuing for decades, which serves Bill Gates and his associates, is unknown.

205. The Plaintiffs further state, and the fact is, that this agenda executed under the pretext of the COVID-19 has been long in the planning and making, as reflected and borne out by, **inter alia** the following facts and documents:

(a) (i) "decade of vaccines" declared by Bill Gates, and its funding with the full support of the Canadian government, under a Memorandum of Understanding in 2020 up to including PM Trudeau, and further, on or about May 18th, 2020, gifting Bill Gates another $800 Million dollars of Canadian Taxpayer dollars in addition to prior millions already gifted;

(ii) The public statements made by Bill Gates and others for mandatory vaccination of the globe, with vaccine-chips, chip-bracelets, smart-phone tracing, covid-testing, and surveillance of everyone;

(iii) The criminal vaccine experiments causing horrific damage to innocent children in India, Pakistan, Africa and other developing countries;

(b) The Rockefeller Foundation Report, issued on May 2010, and leaked, in which report a hypothetical scenario and hypothetical is laid out with the effect of " how to obtain global governance during a pandemic", and which report, posits an unknown virus escaping Wuhan, China;

(c) **The 2010** Canadian Film Board documentary in which Dr. Theresa Tam, an ex-WHO committee member, is featured and quoted to have stated, with respect to a potential pandemic;

Transcript (of Film Documentary):

1:25 – 1:32 - "Large epidemics and pandemics occur on a regular basis through-out history, and it will occur again. It definitely will."

57:00 - 58:00 - "If there are people who are non-compliant, there are definitely laws and public health powers that can quarantine people in mandatory settings."

"It's potential you could track people, put bracelets on their arms, have Police and other set-ups to ensure quarantine is undertaken."

"It is better to be pre-emptive and pre-cautionary and take the heat of people thinking you might be overreacting, get ahead of the curve, and then think about whether you've over-reacted later. It's such a serious situation that I think decisive early action is the key."

Narrator Colm Feore states: "Police checkpoints are set up on all the bridges and everyone leaving the city is required to show proof of vaccination. Those who refuse to cooperate are taken away to temporary detention centers."

1:22 – "What is certain is an epidemic or pandemic is coming."[172]

(d) Gates, through the Bill and Melinda Gates Foundation, between 2003 and 2017,vaccine program killing thousands of children and severely injuring 486,000-plus in India, Pakistan, and Africa in administrating vaccines, as exposed by Robert Kennedy Junior and his Defense of Children Foundation, and others, and the fact that in India the Courts are investigating this conduct, and an unsuccessful motion brought in the Italian Parliament to have

[172] NFB Website: http://onf-nfb.gc.ca/en/our-collection/?idfilm=55974
Toronto Sun article: https://torontosun.com/news/national/warmington-tam-talked-of-tracking-bracelets-in-2010-epidemic-film

Gates indicted and extradited for crimes against humanity , and further that developing nation states declaring that they have been "guinea pigs", mostly children, in furtherance of global vaccination;

(e) A study by Dr. Peter Aaby in Africa, **DTP Vaccine Increases Mortality 5-Fold, In Study Without Healthy User Bias** concluded: **"DTP was associated with 5-fold higher mortality than being unvaccinated.** *No prospective study has shown beneficial survival effects of DTP.* **All currently available evidence suggests that DTP vaccine may kill more children from other causes than it saves from diphtheria, tetanus or pertussis."**[173] DTP while discontinued North America is still administered in the developing World.

(f) All the facts pleaded, in the above statement of claim with respect to Bill Gates, the Gates Foundation, GAVI, the WEF, Gates'entrenchment in vaccinating, mandatorily the entire planet, and his vaccine-chip pursuits with smart-phone surveillance, covid-testing, acquisition of 5G companies for maximum contact tracing and surveillance, his relationship with the WHO and its funding;

(g) A UN report, commissioned and released, in September, 2019, prepared by the "Global Preparedness Ministry Board", in which

[173] http://vaccinepapers.org/high-mortality-dtp-vaccine/

an "Apotyliptic Pandemic" is predicted killing as many as 80 million people;

(h) "Event 201", an exercise, simulating a pandemic, prior to October 18th, 2019, organized by Gates, GAVI, which included the "World Economic Forum", on invitation only;

(i) The Government of Canada's, minutely detailed 67- page Report, entitled" Government of Canada Response Plan COVID-19", final version 3.1", with previous versions unavailable, which could not have been researched and written a mere couple of weeks prior to the declaration of lock-downs and emergency in Canada;

(j) The heavily censored UK "Sage Report" of late-May, 2020;

(k) The International Lobby, spear-headed by Bill Gates and others as set out in the within Statement of Claim;

(l) The Suppressed German government 93-page, May, 2020, report which was eventually and recently leaked, which clearly and conclusively determined that the "pandemic" and measures are unjustified. The salient summary of which reads:

cs. KM4 – 51000/29#2

KM4 Analysis of Crisis Management (Brief Version)

Remarks: It is the task and aim of crisis management groups and any crisis management to recognize **extraordinary threats** and to fight them until the **normal state** is re-established/regained.
A normal state cannot therefore be a crisis.

Summary of the results of this analysis

1. In the past the crisis management did not (unfortunately against better institutional knowledge) build up adequate instruments for danger analysis. The situational reports, in which all information relevant for decision-making should be summarized in the continuing/current crisis, today still only cover a small excerpt of the looming spectrum of danger. An assessment of danger is in principle not possible on the basis of incomplete and inappropriate information. Without a correctly carried out assessment of danger, no appropriate and effective planning of measures is possible. The deficient methodology has an effect on a higher plane with each transformation; politics so far has had a strongly reduced chance to make factually correct decisions.

2. The observable effects of COVID-19 do not provide sufficient evidence that there is – in relation to the health consequences of all of society – any more than a **false alarm. At no point in time, it is suspected, was there a danger as a result of this new virus for the population (comparison is the usual death rate in Germany).** Those who die of corona are essentially those who statistically die this year, because they have arrived at the end of their lives and their weakened bodies cannot any longer fight coincidental everyday challenges (including the approximately 150 circulating viruses). **The danger of COVID-19 was overestimated. (In a quarter of a year worldwide no more than 250,000 deaths with COVID-19, as opposed to 1.5 million deaths during the 2017/18 influenza season). The danger is obviously no larger than that of many other viruses. We are dealing with a global false alarm which has been unrecognized over a longer period of time. - This analysis was reviewed by KM4 for scientific plausibility and does not fundamentally oppose the data and risk assessments provided by the RKI [Robert Koch Institute].**

3. A fundamental reason for not discovering the suspected false alarm is that the existing policies for the actions of the crisis management group and the crisis management during a pandemic do not contain appropriate instruments for detection which would automatically triger an alarm and the immediate cancellation/abandonment of measures, as soon as either a pandemic proves to be a false alarm or it is foreseeable that the collateral damage – and among these especially the parts that destroy human lives – threatens to become larger than the health effects of and especially the deadly potential of the illness under consideration.

4. In the meantime, the collateral damage is higher than the recognizable benefit. The basis of this assessment is not a comparison of material damages with damage to persons (human lives). Alone a comparison of deaths so far due to the virus with deaths due to the measures decreed by the state (both without certain data). Attached below is an overview-type summary of collateral health damages (incl. Deaths), reviewed by scientists as to plausibility.

5. The (completely useless) collateral damage of the corona crisis is, in the meantime, gigantic. A large part of this damage will only manifest in the nearer and more distant future. This cannot be avoided anymore, only minimized.

6. Critical infrastructures are the lifelines necessary for the survival of modern societies. As a result of the protective measures, the current security of supply is no longer a given as it usually is (so far gradual reduction of the basic security of supply, which could result in a fallout in future challenging situations). The resilience of the highly complex and strongly interdependent complete system of critical infrastructure has been reduced. Our society lives, from now on, with increased vulnerability and a higher risk of failure of infrastructures necessary for life. This can have fatal consequences, if on the in the meantime reduced level of resilience of KRITIS a truly dangerous pandemic or other danger should occur.

Four weeks ago, UN-general Secretary Antonio Guterres of a fundamental risk. Guterres said (according to a report in the Tagesschau on April 4, 2020): "The weaknesses and insufficient preparation which are becoming apparent through this pandemic give insight into how a bioterrorist attack could look – and these weaknesses possibly increase a risk thereof." According to our analysis, in Germany a grave deficiency is the lack of an adequate system for the analysis and assessment of danger.

7. the protective measures decreed by the state, as well as the manifold societal activities and initiatives which, as initial protective measures cause the collateral damage, but have in the meantime lost any purpose, are largely still in effect. It is urgently recommended to abolish these immediately, to avert damage to the population – especially unnecessary additional deaths -, and to stabilize the situation around critical infrastructure, which is possibly becoming precarious.

8. The deficits and failures in crisis management consequently lead to communication of information that was not well-founded. (A reproach could be: The state showed itself to be one of the biggest fake-news-producers in the corona crisis).

From these insights it follows:

a) The proportionality of interference with the rights of eg. Citizens is currently not given, since the state did not carry out an appropriate consideration with the consequences. The German constitutional court demands an appropriate balancing of measures with negative consequences. (PSPP judgement of May 5, 2020).

b) The situational reports of the crisis management group BMI-BMG and the communications from the state to the provinces regarding the situation must there fore henceforth
-conduct an appropriate analysis and assessment of dangerous
-contain an additional section with meaningful, sound data regarding collateral damage (see remarks in the long version)
-be freed of irrelevant data and information which are not required for the assessment of danger, because they make it difficult to see what is going on
-an index should be formed and added at the beginning

c) An appropriate analysis and assessment of danger is to be performed immediately. Otherwise the state could be liable for damages that have arisen.[174]

206. The Plaintiffs further state, and fact is, that in a study issued by Stefan Homburg, Christof Kuhbandner, at the Leibniz University Hannover, Germany, **post-June 8th, 2020,** these authors soundly concluded in their study that the lock-down measures as modelled and executed were Not effective, globally comparing countries following the WHO protocols and countries that did not.[175]

207. The Plaintiffs state, and the fact is, that this agenda includes the "World Economic Forum ("WEF")". The Plaintiffs state and fact is that the WEF;

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[174] https://human-synthesis.ghost.io/2020/05/31/km4-analysis-of-crisis-management-short-v...
<https://human-synthesis.ghost.io/2020/05/31/km4-analysis-of-crisis-management-short-ver
[175] http://diskussionspapiere.wiwi.uni-hannover.de/pdf_bib/dp-671.pdf

(a) Consistently promotes a "New Economic World Order" ,which is a vision in the process of being rolled out under the auspices of the World Economic Forum, of which one of the main sponsors is **The Bill & Melinda Gates Foundation.**

(b) The World Economic Forum is the International Organization for Public-Private Cooperation. **The Forum engages the foremost political, business, cultural and other leaders of society to shape** global, regional and industry agendas.

(c) The World Economic Forum is committed "to the launch of the Great Reset - a project to bring the world's best minds together to seek a better, fairer, greener, healthier planet as we rebuild from the pandemic." "The COVID-19 crisis has shown us that our old systems are not fit any more for the 21st century," said World Economic Forum Executive Chairman Klaus Schwab. "In short, we need a great reset."[176]

(d) Since its launch on March 11th, 2020, the Forum's COVID Action Platform has brought together 1,667 stakeholders from 1,106 businesses and organizations to mitigate the risk and impact of the unprecedented global health emergency that is COVID-19. The platform is created with the support of the **World Health Organization.**[177]

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[176] https://www.weforum.org/agenda/2020/06/the-great-reset-this-weeks-world-vs-virus-podcast/

[177] https://cepi.net/about/whoweare/

(e) **The WEF sponsors have big plans**:"...the world must act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions. Every country, from the United States to China, must participate, and every industry, from oil and gas to tech, must be transformed. In short, we need a **"Great Reset" of capitalism." "The World Economic Forum is launching a new Davos Manifesto**, which states that companies should pay their fair share not taxes, show zero tolerance for corruption, uphold human rights throughout their global supply chains, and advocate for a competitive, level playing field." Klaus Schwab, Founder and Executive Chairman, World Economic Forum.[178]

(f) In 2017 Germany, India, Japan, Norway, the Bill & Melinda Gates Foundation, the Welcome Trust and the World Economic Forum founded the Coalition for Epidemic Preparedness Innovations (CEPI) to facilitate **focused support for vaccine development to combat major health epidemic/pandemic threats.** As an organization, the Forum has a track record of supporting efforts to contain epidemics. In 2017, at the Annual Meeting, the Coalition for Epidemic Preparedness Innovations (CEPI) was launched – bringing together experts from government, business, health, academia and civil society to accelerate the development of

[178] https://www.weforum.org/the-davos-manifesto

vaccines. CEPI is currently supporting the race to develop a vaccine against this strand of the coronavirus.[179]

(g) Event 201, the pandemic exercise in October 2019, was co-sponsored by the World Economic Forum and the Gates Foundation. [180]

208. Further with respect to global vaccination, in the context of Covid, the WEF has stated:

(a) That :

> "The COVID-19 crisis is affecting every facet of people's lives in every corner of the world. But tragedy need not be its only legacy. On the contrary, the pandemic represents a rare but narrow window of opportunity to reflect, reimagine, and reset our world to create a healthier, more equitable, and more prosperous future. Interactive diagram."[181]

(b) And that:

> "The changes that are underway today are not isolated to a particular country, industry, or issue. They are universal, and thus require a global response. Failing to adopt a new cooperative approach would be a tragedy for humankind. **To draft a blueprint for a shared global-governance architecture,** we must avoid becoming mired in the current moment of crisis management.
>
> Specifically, this task will require two things of the international community: wider engagement and heightened imagination. The engagement of all stakeholders in sustained dialogue will be crucial, as will the imagination to think systemically, and **beyond one's own short-term institutional and national considerations."**[182]

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[179] https://cepi.net/about/whoweare/ https://apps.who.int/gpmb/assets/annual_report/GPMB_annualreport_2019.pdf pg 19

[180] https://www.centerforhealthsecurity.org/event201/

[181] https://www.weforum.org/agenda/2020/06/now-is-the-time-for-a-great-reset

[182] https://intelligence.weforum.org/topics/a1G0X000006OLciUAG?tab=publications
https://www.weforum.org/agenda/2018/11/globalization-4-what-does-it-mean-how-it-will-benefit-everyone/

209. In early July, 2020, Trudeau announced the massive expenditure of post-COVID-19 infrastructure spending to re-align the economy, in concert with the WEF agenda, in tandem with private sector partnership whereby the anticipated privatization of public assets is a given.

210. The Plaintiffs state, and the fact is, that:

(a) This agenda, conspiracy, is spear-headed by Bill Gates, and other Billionaire, Corporate, and Organizational Oligarchs, include vaccine, Pharmaceutical, and Technology Oligarchs, through the WHO, GAVI, and the WEF, whom they fund and effectively direct and control;

(b) National and Regional Leaders who are simply, knowingly and/ or unknowingly, as duped c-conspirators, partaking in this conspiracy by simply declaring a "pandemic", "emergency", and delegating decisions to their Chief medical officers who are simply following the dictates and guidelines without question nor concern for the world expert opinions against such measures, of the WHO;

(c) In effect there are less than a hand-full of people dictating the virtual fate of the planet whereby sovereign Parliaments, Courts, and Constitutions are by-passed;

(d) The "social media", such as Google, Facebook, YouTube, Amazon owned and operated by the likes of Bill Gates, Mark Zukerberg, and, in Canada, the CBC,funded and controlled by the Federal Government, are knowingly

playing in concert with this over-arching conspiracy, and in fact over-lapping conspiracies.

208. The Plaintiffs further state that through their conduct, communication, agreement, and functions of their intertwined respective public and private offices, the Defendants, knowingly and unknowingly, intentionally and unintentionally, as outlined, ***inter alia***, by the Supreme Court of Canada in the test set out in ***Hunt v. Carey*** and jurisprudence cited therein, have and to continue to:

(a) engage in an agreement for the use of lawful and unlawful means, and conduct, the predominant purpose of which is to cause injury to the Plaintiffs, through the declaration of a false pandemic and implementation of coercive and damaging measures including the infliction of a violation of their constitutional rights as set out above in the within statement of claim; and/or

(b) to engage, in an agreement, to use unlawful means and conduct, whose predominant purpose and conduct directed at the Plaintiffs, is to cause injury to the Plaintiffs, through the declaration of a false pandemic and implementation of coercive and damaging measures including the infliction of a violation of their constitutional rights as set out above in the within statement of claim, that Defendants and officials and employees, should know, in the circumstances, that injury to the Plaintiffs , is likely to. and does result.

211. The Plaintiffs state, and the fact is, that Canada's , and Trudeau's, connection to Gates, Gates' foundation, and various companies , and the global vaccine industry, is **inter alia,** as follows:

(a) PM Trudeau has echoed Bill Gates' sentiments that mass mandatory vaccination of people is necessary for any sense of normalcy to return.

(b) Gates uses proxies to successfully lobby the Canadian Government.

(c) The Gates Foundation founded GAVI, the Global Vaccine Alliance in 1999 with $750 million and continues to run it and fund it. The Global Vaccine Alliance, is an organization devoted to pushing vaccinations on the public all across the world.

(d) GAVI hired a lobbying firm called Crestview Strategy, a public affairs agency. Their Mission Statement is: "We make, change, & mobilize opinion."

(e) Canada has gifted Bill Gates, and his related Foundation and companies well over $1 Billion dollars in pursuit of his agenda, $800 Million recently by Justin Trudeau;

(f) Crestview has lobbied the Canadian Government on at least 19 occasions since2018 on various "health" matters, all on behalf of GAVI.

- **Bill Gates- Vaccines, Pharmaceuticals & Technology**

212. The Plaintiffs state, and the fact is, as set out in the within Statement of Claim. that Bill Gate's companies, and associates, manifest a clear agenda, for himself and his associates in the vaccine, pharmaceutical and technology, industries,

through the **de facto** control of the WHO, influencing and dictating its agenda, to:

(a) Effect a mandatory, global, vaccine policy and laws, which would net an approximately $1.3 Trillion per year, in which vaccine industry he is major proponent and investor;

(b) To effect surveillance, through his vaccination agenda, as outlined in their public statement, and the MIT developed smart-phone application to embed nannocrystal beneath the skin which can be read by a smart-phone through smart-phones, and 5-G capacity, in which industries Gates is a major stake-holder and investor;

(c) Using the above to "virtualize" and globalize the World economy , in which virtual and global New World (Economic) Order in which Gates further sits in the centre, along with the other Billionaire and corporate oligarchs;

(d) All of which is being effected and accelerated through the false pronouncement of a COVID-19 'pandemic'', and implementation of baseless and false, draconian measures.

213. The Plaintiffs state, and the fact is, that Bill Gates' statements, and conduct, in the above-noted facts, has been documented, as reflected in the within Statement of Claim, namely at paragraphs 63, 68, 69, 72, 75, 78, 81, 85, 93, 100, 107, 112, 118, 121, 124, 199, 200, 201, 202, 203, 205, of the within Statement of Claim, with respect to his agenda and conspiracy with others, including the Defandants.

- **The WHO / Gates/ Trudeau and Dr. Teresa Tam**

214. The Plaintiffs state and fact is, that the connection and common agreement between Gates-Trudeau-Tam, in addition to their statements and actions in furthermore of that agreement as outlined above in the within Statement of Claim, is further manifested by the following:

(a) On April 9, 2020 just before Easter, Trudeau announced that:

> *"We will not be coming back to our former normal situation; we can't do that until we have developed a vaccine and that could take 12 to 18 months..... [and]....This will be the new normal until a vaccine is developed."*[183]

(b) Trudeau's statement is a script lifted straight from Bill Gates' echoing almost word for word, the message Gates has been pushing since the coronavirus in North America earlier this winter. The April 9th **Highwire video clip at 2:07** captures Gates stating:

> "Things won't go back to truly normal until we have a vaccine that we've gotten out basically to the entire world."[184]

(c) Instead of following the recommendations of leading scientists, doctors and epidemiologists, Trudeau is foisting the Gates/WHO/ GAVI/ WEF globalist agenda which he knows or ought to know, will result in financial ruin for millions of Canadians including the Plaintiffs.

(d) Despite the prevailing global consensus on natural herd immunity, Bill Gates is determined however, to prevent natural immunity so he can

[183] https://nationalpost.com/news/canada/coronavirus-live-updates-covid-19covid19
[184] Blowing the Whistle on Covid-19, April 9, 2020: https://www.youtube.com/watch?v=5g4u1LJQ7_k

mandate his new vaccine(s) for everyone. Noted scientist and journalist, Rosemary Frei, shows Bill Gates does not want people to acquire immunity to COVID-19. Rather, Bill Gates prefers that we suffer the 'economic pain' of lockdown in order to prevent us from acquiring natural immunity as Gates has stated:

> "We don't want to have a lot of recovered people [...] To be clear, we're trying – through the shut-down in the United States – to not get to one percent of the population infected. We're well below that today, but with exponentiation, you could get past that three million [people or approximately one percent of the U.S. population being infected with COVID-19 and the vast majority recovering]. I believe we will be able to avoid that with having this economic pain."[185]

(e) In her latest compelling article, **Covid-19 Meltdown and Pharmas' Big Money Win,** Barbara Loe Fisher delves into the many disturbing angles of this epic viral/political war unleashed on humanity, the havoc caused by the Gates & Fauci lockdown policy and the economic spinoffs spawned by the pandemic.[186]

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[185] Did Bill Gates Just Reveal the Reason for the Lockdowns: By Rosemary Frei, Off-Guardian, April 4, 2020 https://off-guardian.org/2020/04/04/did-bill-gates-just-reveal-the-reason-behind-the-lockdowns/?__cf_chl_jschl_tk__=8a31c96b7b831b06c6631d2d800e39e274fdb4c5-1593827339-0AbbQnElw4gYMqoe14KfV-9sVWpJ8_IO6ZguVbep6dVylwrKGMbqfIkxidxl_3uCK08NImuk8B5fJzKB4cL3viT1qQYvV8722SeZLNTHOWUovzpclffZQcDifxvg3QQ6jPmp ZkNGtNIwGs874a0MhuRY9_17yNj8TyeXmeBXidqKFHOtCmuLJEmS9ZGcLDsNGb5WKidfnHO7DSzlQ110eNBgHMLXcrbjPrKsESdGlhwd3LjoY6FiHbJu4U1bTEJMbsKQFlq5XIlOtoLGY2e7fThzjnbUBrcjpv76AL5aOYmAQAllCC3ttqOt_k21mLMgHNFafl2gWSIla4a2SUAI8IzoKXLcbkuTr0lpvKrbjkF8B4ij3p8MdQOK0DZHcW

[186] Covid-19 Meltdown and Pharma's Big Money Win: https://thevaccinereaction.org/2020/04/covid19-meltdown-and-pharmas-big-money-win/

(f) Covid-19 has sparked the hottest new market in town – vaccine development. A staggering number of coronavirus vaccines are under development right now with astronomical piles of money being thrown at it. Gates is in the thick of it along with Tony Fauci, director of the National Institute for Allergy and Infectious Diseases (NIAID). Both are on record stating they don't want people developing natural immunity, in stating:

> "Now, I hope we don't have so many people infected that we actually have that herd immunity, but I think it would have to be different than it is right now", says Fauci.[187]

(g) Natural immunity would disrupt Bill Gates expressed intension to "vaccinate everything that moves". In a video interview Gates says:

> "Eventually, what we'll have to have is certificates of who is a recovered person, who's a vaccinated person, because you don't want people moving around the world where you'll have some countries that won't have it under control…"[188]

(h) The Gates foundation has invested tens of $billions in vaccine development which includes a decades long vicious propaganda war against anyone questioning vaccine safety. Gates' *'decade of vaccines'* from 2010-20 captured the global media and social media giants that have demonized and ruthlessly censored the 'vaccine risk aware' movement comprised mostly of vaccine injured families trying to protect their children and the basic human right to informed consent and exemption

[187] Covid-19 Meltdown and Pharma's Big Money Win: https://thevaccinereaction.org/2020/04/covid19-meltdown-and-pharmas-big-money-win/

[188] 6 How we must respond to the coronavirus epidemic, Youtube video March 25, 2020:https://www.youtube.com/watch?v=Xe8fljxicoo#t=33m45s

rights. This has been documented by various publications, which explore the massive influence and control with which the Gates' empire manipulates global health and vaccine policies.[189]

(i) In one article Canadian medical journalist, Celeste McGovern investigates the upcoming vaccine and microchip technologies Gates is funding.[190]

(j) In another, Robert F. Kennedy Jr. exposes the Gates/WHO agenda listing their deadly vaccine experiments in the developing world. Kennedy explains:

> "In 2010, when Gates committed $10 billion to the WHO, he said "We must make this the decade of vaccines." A month later, Gates said in a TED Talk that new vaccines "could reduce population." And, four years later, in 2014, Kenya's Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a "tetanus" vaccine campaign.[191]

(k) Another expose is that of Vera Sharav, a Holocaust survivor and founder of the Alliance for Human Research Protection. She examines how Gates table top 'Event 201' pandemic exercise in October, 2019, set the stage for how the coronavirus pandemic would be handled. It predicted the pandemic would end ONLY after an effective vaccine had been brought to market. It is no coincidence that the coronavirus pandemic was unleashed just weeks after Gates' pandemic 'war games' rehearsal and is now

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[189] Bill Gates search-Covid -19 Global Pandemic, Vaccine Impact News: https://vaccineimpact.com/?find=bill+gates

[190] Bill Gates and Intellectual Ventures Funds Microchip Implant Technology, By Celeste McGovern, April 14, 2020 https://www.greenmedinfo.com/blog/bill-gates-and-intellectual-ventures-funds-microchipimplant-vaccine technology1?utm_campaign=Daily%20Newsletter%3A%20Bill%20Gates%20and%20Intellectual%20Ventures%20Funds%20Microchip%20Implant%20Vaccine%20Technology%20%28TCCz3V%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9lbWFpbCI6ICJjLm1jZ292ZXJuQGhvdG1haWwuY29tIiwgImtsX2NvbXBhbnlfaWQiOiAiSzJ2WEF5In0%3D

[191] Bill Gates' Globalist Agenda: A Win-Win for Pharma and Mandatory Vaccination by Robert F. Kennedy Jr. April 9, 2020, Children's Health Defense:https://childrenshealthdefense.org/news/governmentcorruption/gates-globalist-vaccine-agenda-a-win-win-for-pharma-and-mandatory-vaccination/

playing out, as lockdown scenario threatens to continue until the new vaccine arrives?[192]

(l) Sharav also delves into Gates' vast business ventures related to enhancing pharmaceutical products and vaccines. His ID2020 is a digital ID program aimed at identifying 1 billion + people lacking identity documents. Also in development are several ID devices that people could be forced to have implanted into their body to identify their vaccine and birth-control status.[193]

215. With respect to the Defendants Trudeau and Tam, the Plaintiffs state, and the fact is that:

(a) Theresa Tam, Canada's chief public health officer and longtime loyal servant of the WHO, serves on multiple international committees and related organizations that dictate global health policies. Her main job is to make sure that Trudeau follows the WHO/Gates lockdown policy until the new Covid-19 vaccine arrives in 18 months.

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[192]Bill Gates & Intellectual Ventures Funds Microchip Implant Vaccine Technology by Celetes McGovern, April 14, 2020: https://www.greenmedinfo.com/blog/bill-gates-and-intellectual-ventures-fundsmicrochip-implant-vaccinetechnology1?utm_campaign=Daily%20Newsletter%3A%20Bill%20Gates%20and%20Intellectual%20Ventures%20Funds%20Microchip%20Implant%20Vaccine%20Technology%20%28TCCz3V%29&utm_medium=email&utm_source=Daily%20Newsletter&_ke=eyJrbF9lbWFpbCI6ICJjLm1jZ292ZXJuQGhvdG1haWwuY29tIiwgImtsX2NvbXBhbnlfaWQiOiAiSzJ2WEF5In0%3D

[193] Coronavirus provides dictators and oligarchs with a dream come true, By Vera Sharav, Alliance for Human Research Protection March 26, 2020: https://ahrp.org/coronavirus-provides-oligarchs-with-adream-come-true/

(b) Molly Chan, author of a **probing analysis** of Dr. Tam's career thinks it's evident from her background that:

> "Theresa Tam works with the world's most powerful globalist entities that have tremendous say in how the world deals with disease and immunization. This power enables them to have a grip on the entire planet, and to decide which measures are put into place to control the behaviour of people in any event they choose to cause a panic over. With COVID-19, we have a perfect example of how the decisions of this small group of people can lead to global hysteria and unprecedented societal changes."[194]

(c) Molly Chan asks important questions on Tam's career and extensive influence:

> "Does this make Theresa Tam a puppet or master? How is it possible to not follow WHO recommendations, when you're the one making them? She is on powerful committees!"

(d) Considering the multiple numerous high-level positions Dr. Tam holds on the international stage, Tam's first loyalty is not to the wellbeing of Canadians , or the Plaintiffs, but to the globalist policies so generously funded by Gates and Big Pharma.

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[194] Dr. Theresa Tam, Queen of the Vaccine by Molly Chan, Civilian Intelligence Network, March 31, 2020 https://civilianintelligencenetwork.ca/2020/03/30/dr-teresa-tam-queen-of-the-vaccine/

(e) Chan dubs Tam as the *'Queen of Vaccine'* and explains:

> "convened public health leaders and parents to collaborate on the effort to shut down any hint of anti-vaccine thought. Governments, including Canada and the U.S. are also working with social media companies to remove vaccine misinformation and promote scientific literacy. She wants to make sure that people are not allowed to publicly say anything against vaccinations, and establish them as just a normal part of life, no questions asked."[195]

(f) While flexing her expansive influences, it seems a 'no brainer' Theresa Tam has been instrumental in controlling the CBC's narrative about the need to snuff out *'vaccine hesitancy'* which includes the ruthless censorship of any voices that would question vaccine safety in mainstream media.

(g) Tam is accused of **"total incompetence"** in having botched the Canadian response to the COVID-19 pandemic:

> "Tam has failed miserably, putting political correctness, and virtue-signalling lecturing ahead of doing her job. She couldn't grasp the situation in time, and when she grasped the seriousness of it was far too late to stop it."[196]

(h) The Toronto Sun's **cutting review** of Theresa Tam's incompetence says:

> "Our country is now run by 'healthcrats'. Dr. Theresa Tam is the Healthcrat who runs the federal government. **Her record on being wrong is spotless.**"[197]

(i) In a **recent interview** in Chatelaine magazine, Tam bashes vaccine resistors and accuses them of causing measles outbreaks. Her cryptic

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[195]Dr. Theresa Tam, Queen of the Vaccine by Molly Chan, Civilian Intelligence Network, March 31, 2020: https://civilianintelligencenetwork.ca/2020/03/30/dr-teresa-tam-queen-of-the-vaccine/
[196]Devastating timeline reveals complete incompetence of Theresa Tam's Virus Response https://spencerfernando.com/2020/03/29/devastating-timeline-reveals-total-incompetence-of-theresatams-virus-response/
[197] The healthcrats cure is proving worse than the disease, Toronto Sun, April 10, 2020: https://torontosun.com/opinion/columnists/snobelen-the-healthcrats-cure-is-proving-worse-than-thedisease

statement, ***"I always think we do a really good job, when no one knows what we're doing"***, reveals the federal health agency's lack of transparency and inability to provide crucial epidemiological data during this crisis.

G/ CONSEQUENCES OF MEASURES TO THE PLAINTIFFS AND OTHER CITIZENS, AND VIOLATION OF CONSTITUTIONAL RIGHTS

216. The Plaintiffs state, and the facts is, that the impact of containment measures to Plaintiffs is, **inter alia** that:

(a) Mass containment measures negatively impacts the development of herd immunity, artificially prolongs the epidemic, extends the period of confinement, and contributes to maintaining a high proportion of susceptible individuals in the population.

(b) California emergency room physicians stated that *"sheltering in place does more harm than good and lowers our immune system."* [198]

(c) The measures employed to achieve the objective of *"flattening the curve"* so as not to overwhelm the health care system were disproportionate to the objective. Our health care system has consistently operated at 40 – 50% **below** capacity since the introduction of these measures.

(d) The suspensions of rights to participate in community and in commerce has caused substantial and irreparable harm to the economy, livelihoods, communities, families, and the physical and psychological well-being of Canadians and the Plaintiffs. These include:

[198] https://vaccineimpact.com/2020/california-er-physicians-sheltering-in-place-does-more-harm-than-good-lowers-our-immune-system/

(i) A dramatic increase in reports of domestic violence (30%).

(ii) Over six million Canadians have applied for unemployment benefits and 7.8 million Canadians required emergency income support from the Federal government (as of May 2020). [199]

(iii) The deepest and most rapid loss of jobs, savings and income in the history of Canada. [200]

(iv) Numerous citizens have been forced into unemployment and poverty, the loss of their business, and bankruptcy.

(v) Estimates of the Federal deficit resulting from their response to SARS-CoV-2 ranges up to $400 billion (May 2020). [201]

(vi) Leading Economic Indicators show the Canadian economy is now in "*freefall*". [202]

(vii) Illnesses and conditions not related to SARS-CoV-2 have gone untreated and undiagnosed.

(viii) Dramatic increase in number of individuals dying at home due to lack of medical care and for fear of visiting emergency wards despite the fact that most hospitals have capacity.

(ix) Denial of access to health care professionals including doctors, dentists, chiropractors, physiotherapists, naturopaths, homeopaths, physiotherapists, massage therapists, optometrist, and osteopaths.

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[199] https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/
[200] https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/
[201] https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/
[202] https://www.macdonaldlaurier.ca/beyond-lockdown-canadians-can-have-both-health-and-prosperity-an-open-letter-to-the-prime-minister/

(x) Denial of access to health care services including cancer treatments, elective surgeries, testing, diagnosing, and treatment.

(xi) Regulated health care practitioners, including chiropractors, Naturopaths, and Homeopaths have been directed to refrain from providing health care knowledge to individuals concerned about SARS-CoV-2. This is an unwarranted infringement on the right to therapeutic choice.

(xii) Dramatic Increase in mental health challenges including suicide.

(xiii) The significant potential for the traumatizing children due to the disproportionate fear of contracting a virus for which the risk of death is virtually zero.

(xiv) Significant increase in alcohol consumption and drug use.

(xv) Denial of access to healthy recreation including parks, beaches, camping, cottages, and activities as golf, tennis, swimming, etc.

(xvi) Denial of a public education for children.

(xvii) Denial of access to consumer goods and services.

(xviii) Individuals dying alone in hospital and extended care facilities without the support of family and friends. [203]

(xix) Fathers denied access to be present for the birth of their child.

(xx) Elderly parents in supportive care are denied access to the support of their family and friends.

[203] https://globalnews.ca/news/6866586/bc-woman-disability-dies-covid-19/

(xxi) The effective closure of Courts of Law is unprecedented, illegal, unconstitutional, undemocratic, unnecessary, and impedes the ability of Canadians to hold our governments accountable.

(xxii) The effective closure of Parliaments is unprecedented, illegal, unconstitutional, undemocratic, unnecessary, and impedes the ability of Canadians, including the Plaintiffs, to hold governments accountable.

217. The Plaintiffs further state, and fact is, that:

(a) To combat COVID-19, "Canada's federal government has committed to measures totaling around $400 billion, of which about two-fifths constitutes direct spending." Currently, the deficit for 2019-2020 is expected to be well over $180-$200 Billion. This is seven times larger than the previous year's deficit. It is expected the interest alone, even at the very low current interest rates will cost $1B each year. [204]

(b) There is no evidence that the impact of these negative consequences were calculated, much less fully considered in the government's response to SARS-CoV-2.

(c) John Carpay, president of the Justice Centre for Constitutional Freedoms in Canada has stated there is reason to conclude that the government's response to the virus is deadlier than the disease itself. [205]

[204] https://www.huffingtonpost.ca/entry/canada-budget-deficit-covid19_ca_5e85f6bcc5b60bbd735085f4
[205] https://www.jccf.ca/the-cost-of-the-coronavirus-cure-could-be-deadlier-than-the-disease/

(d) The cost of combatting SARS-CoV-2 is placed disproportionately on the young and blue collar and service workers who cannot work from home, as opposed to white collar workers who often can.

(e) The results from Sweden, and other countries that did not engage in mass and indiscriminate lockdowns, demonstrates that other more limited measures were equally effective in preventing the overwhelming of the health care system, and much more effective in avoiding severe economic and individual health consequences.

(f) The Ontario government took the "extraordinary step" to release a database to police with a list of everyone who has tested positive for COVID-19 in the province.[206]

218. Furthermore, while upon the declaration of the pandemic, based on a totally erroneous modeling, postulated that, as opposed to regular 650, 000 deaths every year form seasonal viral respiratory illness , world-wide, that 3.5 Million may or would die, the erroneous COVID implemented measures have proven to be more devastating than the "pandemic" at its posited worse in that:

(a) In Canada, as elsewhere, 170,000+ medical, surgical, operations are canceled, with the numbers climbing, as well as closure of other medical services at hospital, which have caused deaths;

(b) With the fear of lock-downs and self-isolation, patients have not accessed their doctor for diagnosis of medical problems;

(c) Documented spikes of domestic violence and suicides have been recorded;

[206] https://toronto.ctvnews.ca/mobile/ontario-takes-extraordinary-step-to-give-police-list-of-all-covid-19-patients-1.4910950?fbclid=IwAR10jfu_5OYq5BPZJKMyyoiN2P47dK_wbZzFMqC8WEpFxilhEFt81cGnfqc

(d) Inordinate spike in alcoholism, drug use, and clinical depression;

(e) Moreover, and most-shocking, the UN through an official of the World Food Bank, on April 22nd,2020, had published a document stating that, because of COVID-19 (measures)and the disruption of supply chain, it estimates that 130 **Million "additional people"** "on the planet could be on the brink of **starvation by end of year 2020** which, begs the question: why is it justifiable to add 130 Million deaths to purportedly save 3.5 Million?

219. The Plaintiffs state, and the facts is, that the purported, and false, goals of the WHO measures and its purveyors, such as the Defendants, are a perpetual moving target, and purposely shift to an unattainable goals, in that:

(a) The initial rationale for the mass lockdown of Canadian society was to "flatten the curve" to avoid overwhelming health care services. It was never about preventing the coronavirus from spreading altogether, but rather to render its spread manageable.

(b) It appears now that the goal has changed. Government appears to have shifted the goal to preventing the virus from infecting any and all Canadians. If so, this ought to be made clear, as should the justification for the change. [207]

(c) Yoram Lass, the former director-general of Israel's Ministry of Health is of the opinion that "lockdown cannot change the final number of infected people. It can only change the *rate* of infection." [208]

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[207] https://nationalpost.com/opinion/raymond-j-de-souza-on-covid-19-a-lockdown-without-a-clear-goal

[208] https://www.spiked-online.com/2020/05/22/nothing-can-justify-this-destruction-of-peoples-lives/#.XsgqiN6D0uQ.facebook

(d) There are warnings of an imminent "second wave." But if the "first wave" has been flattened, planked or buried to the extent that in vast areas of the country very few people have been exposed to the virus at all, then the "second wave" is not really a second wave at all, but a delayed first wave

(e) Minimizing the total spread of the coronavirus until a vaccine is available will be the most expensive goal in the history of human governance.

(f) There is no scientific evidence to substantiate that the elimination of the virus through self-isolation and physical distancing is achievable or medically indicated.

(g) According to four Canadian infectious disease experts, Neil Rau, Susan Richardson, Martha Fulford and Dominik Mertz - *"The virus is unlikely to disappear from Canada or the world any time soon"* and *"It is unlikely that zero infections can be achieved for COVID-19."* [209]

(h) There is no compelling reason to conclude that the general-population lockdown measures (first requested by the Trudeau government on 17 March) had a detectable effect in Canada. The lockdown measures may have been implemented after "peak prevalence" of actual infections, which renders mitigation measures entirely without effect.

(i) The Government of Canada has been slow to endorse the re-opening of the economy even as hospitals remain well below capacity – the metric that was initially used to justify the restrictions.

[209] https://nationalpost.com/opinion/opinion-we-are-infectious-disease-experts-its-time-to-lift-the-covid-19-lockdowns

H/ THE PROPOSED COVID-19 VACCINE- "WE DO NOT GET BACK TO NORMAL UNTIL WE HAVE A VACCINE"

220. The Plaintiffs state, and the fact is, that the narrative and mantra created and propagated by Bill Gates that "we do not get back to normal until we have a vaccine" has been accelerated by a falsely declared "pandemic" to what has been a persistent push for **mandatory** vaccination of every human being on the planet, along with "global governance" as propagated by Bill Gates, Henry Kissinger, the Rockefeller Foundation, GAVI, the WEF, and their likes.

221. With respect to (mandatory) vaccines and the COVID-19, the Defendants, in addition to pushing the ultimate aim of mandatory vaccines, spear-headed by Bill Gates, and others, have also ignored and refuse to address the issues in the context of COVID-19, let alone vaccines at large, as reflected in, inter alia, the following:

(a) **Intention to Create Vaccine Dependency:** Is it ethical to deny children, young people and most of the population who are at low risk of mortality the opportunity to develop natural immunity when we know natural immunity is lifelong in most cases? Are we going to create another condition where we become 'vaccine dependent' or will we recognize the value of natural herd immunity? Advocates of the natural herd immunity model are of the opinion that rather than the mass isolation of billions of people, only the most at-risk people and their close associates should be isolated. The forced mass quarantine of an entire, mostly low-risk

population is disproportionate and unnecessary. This is the position being utilized by Sweden.[210]

(b) **Will A COVID 19 Vaccine Be Safe?**

(i) **Dr. Anthony Fauci** – is the director of the National Institute of Allergy and Infectious Diseases in the United States. Fauci has stated: *"We need at least around a year and a half to make sure any new vaccine is safe and effective."* [1]

(ii) **Dr. Paul Offit** - Offit warns, *"Right now you could probably get everyone in this country to get this (CV) vaccine because they are so scared of this virus. I think we should keep remembering that most people who would be getting this vaccine are very unlikely to be killed by this virus."*

(iii) **Dr. Peter Hotez** - dean of the National School of Tropical Medicine at Baylor College of Medicine, told Reuters, *"I understand the importance of accelerating timelines for vaccines in general, but from everything I know, this is not the vaccine to be doing it with."*

(iv) **Pathogenic Priming[211];**

[210] https://vaccinechoicecanada.com/in-the-news/will-a-covid-19-vaccine-save-us/

[211] https://www.sciencedirect.com/science/article/pii/S2589909020300186?via%3Dihub=&amp=1

(c) **Jonathan Kimmelman**, a biomedical ethics professor at McGill University in Montreal, is watching how both scientific and ethical standards are maintained while the pandemic vaccine trials progress at breakneck speed.

> "My concern is that, in the fear and in the haste to develop a vaccine, we may be tempted to tolerate less than optimal science," Kimmelman said. "That to me seems unacceptable. The stakes are just as high right now in a pandemic as they are in non-pandemic settings. "To show how long the process can take, Kimmelman points to the example of the ongoing search for an effective HIV vaccine that began in the 1990s. Before healthy people worldwide receive a vaccine against SARS-CoV-2, the risk/benefit balance needs to tip in favor of the vaccine's efficacy in offering protection over the potential risks, he said. The balance still exists even in the face of a virus wreaking an incalculable toll on human health and society." [212]

(d) CBC News March 24, 2020 reported by Amina Zafar;[213]

(e) Moderna's vaccine uses genetic material from the virus in the form of **nucleic acid.** That tells the human body how to make proteins that mimic viral proteins and this should provoke an immune response. Denis Leclerc, an infectious diseases researcher at Laval University in Quebec City, said the advantage of nucleic acid vaccines like Moderna's is that they're much faster to produce than other types. While relatively safe, **nucleic acid vaccines are generally not the preferred strategy**, Leclerc said, because they **don't have the same safety record** as the traditional approach.

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[212] https://www.cbc.ca/news/canada/coronavirus-covid19-april16-canada-world-1.5534020

[213] https://www.cbc.ca/news/health/covid-19-vaccine-research-1.5497697

(f) **Will a COVID 19 vaccine be effective?Ian Frazer** - Immunologist Ian Frazer has downplayed the role of a vaccine in overcoming the coronavirus pandemic, saying it may "not stop the spread of the virus in the community". That's if a vaccine can be developed at all. Frazer, a University of Queensland scientist who was recognized as Australian of the Year in 2006 for his contribution to developing HPV vaccines, said a COVID-19 vaccine may not be the end-all to the current crisis. [214]

(g) **Role of Influenza Vaccination to Current Outbreak - Allan S. Cunningham**, Retired pediatrician The possibility that **seasonal flu shots are potential contributors** to the current outbreak. A randomized placebo-controlled trial in children showed that flu shots increased fivefold the risk of acute respiratory infections caused by a group of non influenza viruses, including coronaviruses.[215]

(h) **Mandatory Vaccination**

(i) **Diane Doucet** – Message to New Brunswick Committee on Law Amendments"Mandatory vaccination may soon be imposed on the entire population. Eventually, every person will have to decide between attending school, keeping their job, their home and their ability to participate in society and their so-called freedom to choose. People will also be at risk of losing their jobs if they speak out against mandatory vaccinations.

We are not talking about quarantining individuals infected by a disease. We are talking about the segregation of healthy children and adults from participating in society. Their crime is that they do not consent to handing over their bodies to the tyrannical will of a vaccine cartel which is accountable to no one.

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[214] https://7news.com.au/lifestyle/health-wellbeing/coronavirus-australia-immunologist-ian-frazer-expresses-doubt-around-role-of-vaccine-in-pandemic-c-983647

[215] https://www.bmj.com/content/368/bmj.m810/rr-0

> The policy makers look down upon the citizenry with arrogance. We live in a system that views the common people as being too ignorant to decide what's best for themselves and their children. When corporations, health agencies and government institutions treat people like chattel and punish those who do not submit, you have slavery. If an institution can take it upon itself and do what it wants to people's bodies against their will, then you live in a slave system. We find ourselves here today, wondering how we managed to slip this low."

- **Microchipping /Immunity Passports/ Social Contact Vaccine Surveillance & 5G**

222. The Plaintiffs state that, and fact is, this global vaccination scheme which is being propelled and pushed by the Defendants, is with the concurrent aim of total and absolute surveillance of the Plaintiffs and all citizens.

223. In addition to the facts, pleaded with respect to Gates' vaccine-chip, nannocrystal "app" already developed, in late June, 2020, cell-phone companies, at the request of Justin Trudeau that the 30-Million eligible Canadians "voluntarily" load up "contract-tracing apps" now available from the phone-tech giants. These companies began dumping the apps on to customers without **informed** consent.

224. On June 30th, 2020, Canada announced that it was participating, to be included, as one of an initial fifteen (15) countries, to require "immunity passport", a cell-phone application disclosing medical vaccination history.[216] Canada is one of an initial fifteen (15) countries to enter into a contract to deploy "immunity

[216] https://www.mintpressnews.com/mass-tracking-covi-pass-immunity-passports-slated-roll-15-countries/269006/

passport" technology. The technology would utilize a cell-phone application to disclose medical vaccination history. [217]

225. The Plaintiffs further state, and the fact is, that above and beyond what is set out above in the within Statement of Claim, mandatory vaccination, for any disease, let alone a **virus**, is a flagrant violation of the Plaintiffs' **Charter** , and written constitutional rights, under s. 2 and 7 of the **Charter,** to freedom of belief, conscience, religion, and life liberty and security of the person as a violation of physical and psychological integrity, where informed medical consent is absent in a mandatory scheme.

- **Vaccines in General**

226. The Plaintiffs state, and the fact is that:

(a) it is undisputed that vaccines cause severe, permanent injury up to and including death in a certain percentage of those who are vaccinated, including physical, neurological, speech, and other disabilities;

(b) that, as a result of this reality, risk, and severe injury, certain North American jurisdictions, such as the USA, and Quebec, as well as all G-7 countries except Canada, have established compensation schemes for those injured and killed by vaccines;

(c) that Ontario has no such compensation scheme;

(d) that there is no individual pre-screening, to attempt to pre-determine, which individual may have a propensity to be so injured, even in cases where older siblings, in the same family have been injured, no

[217] https://www.mintpressnews.com/mass-tracking-covi-pass-immunity-passports-slated-roll-15-countries/269006/

investigation is undertaken or weighed with respect to the risks of their younger siblings being vaccinated;

(e) the Plaintiffs state, and the fact is, that while peanuts and other nuts, as an absolute proposition, do not injure or kill, they do injure or kill those who are allergic to them. While schools have taken saturated and heightened steps to make their spaces "nut-free", the risks of vaccines to children, particularly those who are pre-disposed to injury and death from them, are completely ignored.

227. The individual, biological Plaintiffs state that they further rely on the facts set out below under the Plaintiff heading "Vaccine Choice Canada (VCC)".

228. The individual, biological Plaintiffs state that the compulsory vaccination , and or testing, schemes violates their rights, by act and omission. Mandatory vaccination removes the right to weigh the "risks" of vaccinating or not vaccinating, to allow for informed choice, in that vaccines can cause injury or death, is a violation of their rights as follows:

(a) an ***in limine*** compulsory vaccination scheme violates s.2(a) and (b) of the ***Charter*** in infringing the rights to freedom of conscience, religion, thought and belief, as well as infringing the rights to liberty and security of the person, in interfering with the physical and psychological integrity of the person and the right to make choices as to that integrity and autonomy, pursuant to s.7 of the ***Charter***;

(c) that the failure and omissions of the Defendants, their officials and delegees, in the vaccination scheme, to transparently and honestly present the

risks of vaccination, pro and con, and the failure and omissions to make individual assessments to pre-determine and pre-screen those children who may have a propensity and pre-disposed to being vaccine injured, constitutes a violation of the same ***Charter*** cited above, in depriving the right to an informed consent before medical treatment through vaccine is compulsorily administered, by way of omission as set out by the Supreme Court of Canada in, ***inter alia, Vriend*** in unnecessarily exposing children and adults, to injury up to and including death, by an overly-broad, untailored, indiscriminate and blind vaccination scheme, notwithstanding the dire and pointed warnings in the manufacturers' own very inserts and warnings as to the risks.

229. The Plaintiffs state that the violations of their ss. 2(a) and (b) ***Charter*** rights are not justified under s.1 of the ***Charter*** and puts the Defendants to their onus of justifying the violations. The Plaintiffs further state that the violations of their s.7 ***Charter*** rights, as set out above in the statement of claim, are not in accordance with the tenets of fundamental justice in that the scheme and provisions suffer from overbreadth and that the protection of overbreadth in legislation has been recognized, by the Supreme Court of Canada, as a tenet of fundamental justice, and that further they cannot be saved under s.1 of the ***Charter,*** the onus of which lies with Defendants.

- **Vaccine Choice Canada (VCC)**

230. Vaccine Choice Canada is a federally registered not-for-profit educational society. VCC is committed to protecting children's health by informing parents of the existing and emerging scientific literature evaluating the risks, side effects, and potential long-term health effects of artificial immunization. VCC works to protect the right of all people to make fully informed and voluntary vaccine decisions for themselves and their children. Vaccine Choice Canada was originally incorporated as the Vaccination Risk Awareness Network (VRAN) in 1982. It changed its name to Vaccine Choice Canada(VCC) in 2014.

231. In the 38 years that Vaccine Choice Canada, and its predecessor organization, has been involved in reviewing the vaccine safety literature, supporting families in their vaccine decisions, and developing educational materials related to vaccine safety, efficacy and necessity, so that individuals can make responsible and informed decisions, VCC has noted, uncovered, and researched certain established facts as set out below.

232. VCC states that, with respect to facts pertinent to product safety testing, the facts and medical literature sets out that:

(a) Vaccines do not undergo the same level of safety testing as is required for all other drugs and medical products.

(b) None of the vaccines licensed for use in Canada have been tested for safety using long-term, double blind, placebo-controlled studies.

(c) Vaccine products licensed for use in Canada are not evaluated for safety using a neutral placebo, [218] a requirement for all other pharmaceutical products.

(d) Vaccines are an invasive medical intervention whose safety is determined primarily by the amount of injury or death reported *after* vaccination.

(e) Pre-licensing safety monitoring of childhood vaccines, prior to the vaccines being administered, is not long enough to reveal whether vaccines cause autoimmune, neurological or developmental disorders. [219]

(f) Studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the vaccination schedule have not been conducted. [220]

(g) There are too few scientifically sound studies published in the medical literature to determine how many serious brain and immune system problems are or are not caused by vaccines. [221]

(h) The design and reporting of safety outcomes in MMR vaccine studies, both pre- and post-marketing, is largely inadequate. [222]

(i) Vaccines have not been tested for carcinogenicity, toxicity, genotoxicity, mutagenicity, ability to impair fertility, or for long-term adverse reactions.

(j) Health Canada does not conduct its own independent clinical trials to determine vaccine safety and efficacy and instead relies on the data provided by the vaccine manufacturers.

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[218] https://www.icandecide.org/wp-content/uploads/2019/08/VaccineSafety-Version-1.0-October-2-2017-1.pdf
[219] https://icandev.wpengine.com/wp-content/uploads/2019/08/ICAN-Reply.pdf
[220] https://www.nap.edu/catalog/13563/the-childhood-immunization-schedule-and-safety-stakeholder-concerns-scientific-evidence.
[221] https://www.nvic.org/PDFs/IOM/2013researchgaps-IOMchildhoodimmunizationschedulea.aspx
[222] https://www.cochrane.org/CD004407/ARI_using-combined-vaccine-protection-children-against-measles-mumps-and-rubella

(k) Studies comparing the overall health of vaccinated and unvaccinated children reveal that vaccinated children are significantly more likely to have neuro-developmental disorders and chronic illness. [223]

(l) There is evidence that vaccines are contaminated with unintended ingredients and that the health impact of injecting these ingredients is unknown. [224]

(m) Canada is the only G7 Nation without a national program to compensate those injured or killed by vaccination, and one(1) of two(2) G-20 Nations without a vaccine injury compensation program. The other nation being Russia.

(n) The United States Vaccine Injury Compensation Program has awarded more than $4.1 billion in compensation since 1989.

(o) The published medical literature recognizes that vaccines can cause permanent injury including death.

(p) The US government has acknowledged that vaccination can cause brain damage resulting in symptoms of autism in genetically susceptible children. [225]

(q) The US Centre for Disease Control (CDC)has acknowledged that every domestic case of polio that occurred after 1979 was caused by the vaccine strain of polio. [226]

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[223] https://antivakcina.org/files/MawsonStudyHealthOutcomes5.8.2017.pdf

[224] https://www.corvelva.it/it/speciale-corvelva/vaccinegate-en.html

[225] https://www.jeremyrhammond.com/wp-content/uploads/2019/10/080226-Vaccine-Autism-Court-Document-Kirby-HuffPost.pdf.

[226] https://web.archive.org/web/20150103130229/http://www.cdc.gov/vaccines/vpd-vac/polio/dis-faqs.htm

(r) Vaccines include ingredients that are classified as poisons, carcinogens, toxins, neurotoxins, immune-and-nervous-system disruptors, allergens, fertility inhibitors, and sterilizing agents.

(s) Health Canada exposed children to cumulative levels of mercury and aluminum, in the incubation of the vaccines that exceeded the US FDA's safety guidelines.

233. VCC states that, with respect to the facts pertinent to screening for susceptibility to vaccine injury, that:

(a) Pre-screening to identify individuals who may be at increased susceptibility to vaccine injury and death does not occur in Canada.

(b) Health Canada has not committed resources to identify those individuals who may have increased susceptibility to experience vaccine injury or death.

(c) Policies to administer vaccines to "Mature Minors", often without the knowledge and consent of the parents and without the informed consent of the "Mature Minor",, in schools and medical settings without the knowledge or consent of the parents has inadequate safety protocols to fully consider the personal and family medical history prior to vaccination.

(d) This failure to fully consider personal and family medical history puts these youth at increased risk of vaccine injury.

234. VCC states that, with respect to the facts pertinent to monitoring of adverse effects of vaccination, that:

(a) Doctors and health care workers are not trained to recognize and diagnose vaccine injury.

(b) There are no legal consequences when medical professionals fail to report vaccine injury.

(c) Parents' observations of health and behavioral changes following vaccination are routinely ignored and denied by doctors and rarely captured in adverse events reporting systems.

(d) It is recognized that fewer than 1% of vaccine adverse reactions are reported. [227]

(e) Ontario's AEFI reporting system has lower reporting rates than other provinces. [228]

(f) The medical industry has failed to fully consider the combined toxicology of vaccine ingredients and the synergistic effect of combining vaccine ingredients.

230. VCC states that, with respect to the facts pertinent to safeguarding policy over patient health, that:

(a) The primary metric used by Health Canada to measure the success of the vaccine program appears to be how many vaccines are delivered.

(b) The goal of public health vaccine policy is to persuade parents to comply with the full vaccine schedule. [229]

(c) The pursuit of the goal of persuading parents to comply with vaccination recommendations is incompatible with the goal of allowing parents to possess the knowledge they need to exercise their right to informed consent, and act in their child's best interests.

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[227] https://healthit.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf

[228] https://www.myhealthunit.ca/en/health-professionals-partners/resources/Health-Care-Professionals/adverse-events/Annual_Report_Vaccine_Safet.pdf

[229] https://cic-cci.ca/

(d) The right to informed consent has been recognized as one of the most fundamental ethics in medicine.

(e) Public health professionals routinely fail to inform citizens of their legal right to personal, religious and medical exemptions where they exist.

(f) Health Canada, with respect to vaccines, places public policy over individual health considerations.

(g) Government policy makers have refused to consider the fact that the risks of the target diseases are not the same for every child and that some children are at greater risk of being harmed by vaccines due to genetic or environmentally caused predispositions.

(h) Government policymakers ignore that the fact that for informed consent to happen, the risk-benefit analysis must be conducted for *each* vaccine and *individually for each child.*

(i) Antibody titre testing is rarely conducted in an effort to avoid unnecessary vaccination.

(j) An increasing number of parents are choosing not to vaccinate because they recognize that public health vaccine policy poses a serious threat to both their health and liberty.

235. VCC states that, with respect to the facts pertinent to lack of accountability for vaccine Injury, that:

(a) Vaccine manufacturers and medical professionals are not held legally and financially accountable when vaccine injury and death occurs.

(b) A consequence of this legal immunity is that there is no legal or financial incentive for the vaccine industry to make their products safer, even when there is clear evidence that vaccines *can* be made safer.

(c) Systemic corruption within the medical establishment is well recognized within the scientific community. [230] [231]

(d) Conflicts of interest in biomedical research are "very common". [232]

236. VCC states that, with respect to the facts pertinent to informed consent, that Consumers are rarely informed that:

(a) vaccines do not confer life-long immunity;

(b) not all vaccines eliminate susceptibility to infection;

(c) not all vaccines are designed to prevent the transmission of infection;

(d) most vaccines do not alter the safety of public spaces; [233]

(e) Health Canada has acknowledged that vaccines are voluntary in Canada and cannot be made mandatory due to the Canadian Charter of Rights and Freedoms;

(f) there is no scientific evidence that herd immunity can be achieved using vaccines due to the temporary nature of the immunity offered nor that vaccine herd immunity is more effective that natural herd immunity;

(g) vaccine can and do cause permanent injury and death;

(h) there is no scientific evidence that vaccines are primarily responsible for reduced mortality over the last century as is often claimed;

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230 https://www.nybooks.com/articles/2009/01/15/drug-companies-doctorsa-story-of-corruption/

231 https://doi.org/10.1111/eci.12074

232 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1182327/.

233 https://childrenshealthdefense.org/news/why-you-cant-trust-the-cdc-on-vaccines/

(i) the human body has an innate capability to fight off infections and heal itself ;

(j) the pharmaceutical companies that produce almost all vaccines have been found guilty and paid billions of dollars in criminal penalties for research fraud, faking drug safety studies, failing to report safety problems, bribery, kickbacks and false advertising [234];

(k) Canadian children are among the most vaccinated children in the world

(l) there is no compensation available in Canada, except for Quebec, should vaccination result in injury or death;

(m) only two provinces in Canada (Ontario and New Brunswick) require exemptions to decline vaccination;

(n) recommended/required vaccines vary by province, by state, and by country.

237. Consumers are rarely provided with the product monograph (product information insert) by health care providers. Vaccines monographs warn of limitations to vaccine safety testing as well as recognized adverse events following vaccination which include severe and permanent injury and death.

238. Vaccine mandates violate the medical and legal ethic of informed consent.

239. Vaccine mandates violate *'The Universal Declaration of Bioethics and Human Rights'*, the *Nuremberg Code*, professional codes of ethics, and all provincial health Acts.

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[234] **GlaxoSmithKline Fined $3B After Bribing Doctors to Increase Drug Sales.** https://www.theguardian.com/business/2012/jul/03/glaxosmithkline-fined-bribing-doctors-pharmaceuticals?CMP=share_btn_fb
Merck: Corporate Rap Sheet http://www.corp-research.org/merck

240. A review of the transcripts of the vaccine education materials produced by the Ontario government reveal that the risk of vaccine injury is discussed superficially, and that consumers are given insufficient information to make an informed decision.

241. A review of Public Health Agency of Canada recommended curriculum for school children reveals that education on the risk of vaccine injury is absent, as is education on the right to informed consent. [235]

242. The vaccine risk information provided to consumers varies by health region.

243. Vaccines are routinely administered to youth in medical clinics and school settings without the knowledge or consent of their parents.

244. Youth vaccinated in school-based clinics routinely report being intimidated into vaccination and being threatened with expulsion if they refuse vaccination.

245. Public health presents as if all vaccines carry the exact same risk/benefit assessment for all individuals.

246. Individual benefit versus individual risk of vaccination is rarely considered.

247. Indigenous people are required to receive vaccines other than those required for non-Indigenous people based on assumed risk, not upon medical evidence of risk.

248. VCC states that, with respect to the facts pertinent to the ***Immunization of School Pupils Act*** (ISPA), that:

(a) Only school children are mandated to provide their medical records under ISPA. Adults are not required and are less likely to be 'up to date' with their vaccinations.

[235] https://kidsboostimmunity.com/sites/default/files/reusable_files/kbi_bc.pdf

(b) The forced disclosure of private medical records puts a child's medical privacy at risk.

(c) This disclosure often results in the child being ostracized by school staff and peers.

(d) The ISPA does not give the medical officer of health authority to suspend a student. Only a principal can suspend a student from school. The Education Act does not have any section that allows a principal to suspend for lack of medical records. Yet this is routinely done for those who do not, or refuse, to comply with the mandatory scheme.

(e) Parents who do not comply with unlawful suspension are threatened with child protection services.

(f) Children who are under vaccinated or without exemptions are intimidated, held in the office, and incorrectly told by school officials that they need to get their shots or they cannot come to school.

(g) The HSARB (Health Service Appeal and Review Board), which deals with appeals of suspensions, registration and expulsions, cannot rule on ***Charter*** challenge cases, as the enabling legislation specifically bars jurisdiction to adjudicate ***Charter*** issues.

(h) There is zero accountability for violations of rights by the medical officer of health. This has resulted in many cases of the Medical Officer of Health unlawfully suspending young children for 60 to 90 school days, contrary to the 20 days suspension as set out in the ISPA.

I/ THE MEDIA

249. The Plaintiff states that the Defendant CBC, and other mainstream media, is purposely suppressing valid, sound, and sober criticism of recognized experts with respect to the measures that amount to censorship and violation of freedom of speech, expression and the media.

250. The Plaintiffs state, and the fact is, that CBC, a completely publicly- funded news service, and national broadcaster, paid for by Canadian taxpayers, has been to the Trudeau government, and acted as, PRAVDA was and acted for the Soviet Union in the cold-war, with respect to coverage of the COVID- "pandemic", "emergency", and its draconian measures.

251. The Plaintiffs state that CBC, as the nationally and publicly-funded broadcaster under the public broadcasting policy for the Canadian public, under the **Broadcast Act,** owes:

(a) a Fiduciary duty to the Plaintiffs and all citizens; and

(b) a duty in Negligence (negligent investigation) to the Plaintiffs and all citizens;

To be independent, fair, balanced, and objective in its coverage of the "pandemic", declared "emergency", and the measures undertaken, which duties it has breached causing damages to the Plaintiffs.

- **Negligence**

252. The Plaintiff states that the Defendant, CBC, as a publicly-funded mandate to publicly broadcast on behalf of Canadians, owes a common-law, and statutory duty of care to the Plaintiffs, to fairly, independently, objectively report, and engage in responsible journalism, on the news and current affairs, and the Plaintiffs further state that:

(a) the CBC breached that duty of care; and

(b) as a result of the breach of that duty of care, the Plaintiffs suffered damages.

253. The Plaintiff states and the fact is, this duty was breached by the CBC's negligent acts and omissions, including **inter alia**, the following:

(a) The daily broadcasting of Trudeau's press-conferences, with absolutely no questions about the scientific and medical evidence behind the measures, and their source;

(b) Whether contrary expert views exist, to the secret advice being followed;

(c) If opposite, expert opinion exist, what is the government's response to it?;

(d) The CBC further dumps, on a daily basis, the government numbers on COVID-positive rates, and death rates, without any investigation or scrutiny as to the basis of compiling those numbers, and who and how the parameters are determined in complying those numbers nor any contextual analysis as to what they mean;

(e) The CBC has done **no** independent investigation, nor asked any questions, on the scientific or medical basis of the COVID- measures but simply

parrots the government line, and has not investigated, exposed, nor published the avalanche of Canadian and World experts who firmly hold an opposite view, and severe criticism of the measures, nor put those criticism to the Federal Defendants for response.

254. In short, the Plaintiffs state, and the fact is, that CBC has breached its duty of care to the Plaintiffs, and has not acted in a fair, independent, objective, and responsible manner, but has acted in a manner more akin to a propagandistic state news agency serving a dictatorial regime.

255. The Plaintiffs state, and the fact is, that CBC has actually gone far beyond the above in that, in the rare instance CBC pretends to tackle an opposite view, CBC irresponsibly belittles, and in fact intentionally misleads, the Plaintiffs and viewers. For example, in a story published May 21st, 2020, written by CBC's Andrea Bellemere, Katie Nicholson and Jason Ho entitled **"How a debunked COVID-19 video kept spreading after Facebook and YouTube took it down",** these "reporters" falsely and intentionally distort with respect to the video in question entitled **"Plandemic"**. In the story they refer, with a picture, to a person CBC describes as: "featuring controversial virologist Judy Mikovitz". In the story, these three "reporters" choose to:

(a) Delete the fact that it is **Dr. Judy Mikovitz, Ph. D.**, is a **recognized expert in virology** who worked at the Centre for Disease Control (CDC) with Anthony Fauci, with whom she had serious disagreement which she documented in her book entitled **"Plague Corruption";**

(b) That she continues to work in, and be recognized as an expert in virology;

(c) The "reporters" do not give a hint as to by whom, when, on what medical basis her expert views were "debunked";

(d) Nor do the "reporters" investigate, nor pose any questions, about why it is appropriate to remove from Facebook, or YouTube, the views of a recognized, working World expert, of virology, with respect to issues of COVID-19. This conduct by these "reporters" and CBC, is intentional at worst, and depraved and gross negligence at best.

- **Fiduciary Duty**

256. The Plaintiffs further state that the CBC further has a fiduciary relationship, and owed a corresponding fiduciary duty, to the Plaintiffs, as the national publicly-funded broadcaster to fairly, independently, objectively report, and engage in responsible journalism, on the news and current affairs for the following reasons:

(a) The Defendant CBC is in a position of power over the Plaintiffs, with respect to what it covers and reports; and was able to use this power so as to control and affect the Plaintiff's interests in their right to freedom of speech, expression, and the media for their national, publicly-funded broadcaster under the **Broadcast Act,** with respect to the covid - "pandemic', "emergency" and measures;.

(b) The Plaintiffs are in a corresponding position of vulnerability toward CBC in depending on CBC to put out fair, balanced, responsible, objective and responsible reports on the reality of the "pandemic", the declared "emergency" as well as measures undertaken;

(c) CBC impliedly and statutorily undertakes to so, to act in the best interests of the Plaintiffs', and the public, in its functions and work, in that:

(i) the Defendant CBC performs a public function, to operate as Canada's national publicly-funded broadcaster under statute;

(ii) the Defendant CBC impliedly and statutorily undertakes to so to act in the best interests of the Plaintiffs'.

257. The Plaintiffs state that the Defendants breached this fiduciary duty as set out above in this Statement of Claim.

258. The Plaintiffs state, and the fact is, that CBC, Facebook, YouTube , Google, and other social media are viciously censoring, and removing any and all content that criticizes or takes issue with the WHO, and governments that follow WHO guidelines, with respect to covid-19, as purported "misinformation" contrary to "community standards" even when that content is posted by a recognized expert.

259. The Plaintiffs further state, and the fact is, that the Defendant Federal Crown is by way of act and omission, under **inter alia,** the **Broadcast Act** , and its Agencies such the CRTC, legislatively and administratively violating the Plaintiffs' rights under s. 2 of the **Charter,** to freedom of expression and the press in doing nothing to halt what has been described by members of the scientific community as " Stalinist censorship", by government, along with media the likes of CBC, Facebook, and YouTube. In fact, the Federal Crown goes further, in following suit with these social media censors, to propose

criminal sanctions for posting such deemed and anointed "misinformation" by all, including experts.

260. On or about end of May, 2020 the UK " Scientific Advisory Group for Emergency (SAGE) –COVID-19 Response, in response to the unwarranted measures of redaction, and removing, all criticism in respect of COVID-Measures, from the Report, of this government advisory body, the body responsible for their SAGE report referred to the government redaction as "Stalinist Censorship".

261. The Plaintiffs state, and the fact is, that CBC, Facebook, and YouTube, and other major social media, in their coverage of the COVID-19, have acted in the same fashion, by knowingly and intentionally suppressing and removing expert opinion not in line with the official dogma of the WHO, which is being blindly and deafly parroted and incanted by the Defendant governments (leaders) and their officials, to the detriment of the Plaintiffs and citizens at large, in violation of their constitutional rights.

J/ SUMMARY

262. In summary, the Plaintiffs state that the COVID -19 Legislation, and Regulations By-Laws, and orders, violate, as follows, the Plaintiffs' statutory and constitutional rights in:

(a) That the conduct of Justin Trudeau and Doug Ford, constitute a dispensing of Parliament under the pretense of Royal prerogative contrary to the Plaintiffs' constitutional rights to a Parliament;

(b) That the declaration of an emergency by Doug Ford in Ontario, was **ultra vires** , and continues to be **ultra vires,** the **Act** in failing to meet the requisite criteria to declare an emergency;

(c) That the declared emergency, and measures implemented thereunder are:

(i) Not based on any scientific or medical basis;

(ii) Are ineffective , false, and extreme;

(iii) Contravene ss. 2, 7,8,9, and 15 of the **Charter** ;

(iv) Contravene the same parallel unwritten constitutional rights, enshrined through the Pre-Amble of the **Constitution Act, 1867;**

(v) Contravene the same rights fund in the international treaty, read in, as a minimal standard of protection, under s. 7 of the **Charter,** as ruled by the Supreme Court of Canada, in, **inter alia,** the **Hape** decision;

(d) That the ''COVID- pandemic'' was pre-planned, and executed, as a false pandemic, through the WHO, by Billionaire, Corporate, and Organizational Oligarchs the likes of Bill Gates, GAVI, the WHO, the WEF, and others, in order to install a New World (Economic) Order with:

(i) **De facto** elimination of small businesses;

(ii) Concentration of wealth and the power to control economic activity in large global corporations;

(iii) To disguise a massive bank and corporate bail-out;

(iv) To effect global, **mandatory** vaccination with chip technology, to effect total surveillance and testing of any and all citizens, including the Plaintiffs;

(v) To shift society, in all aspects into a virtual'' world at the control of these vaccine, pharmaceutical, technological, globalized oligarchs, whereby the Plaintiffs, and all others, cannot organize nor congregate.

(vi) To effectively immobilize resistance to ths agenda by neutering Parliaments and the Courts, and by extension the Constitution and Constitutional Democracy and Sovereignty, in short to obtain "global governance".

263. The Plaintiffs rely on:

(a) the Statutory Schemes set out in the within statement of claim;

(b) The Pre-Amble to the **Constitution Act, 1867** and jurisprudence thereunder;

(c) ss. 2, 7,8,9, 15, and 24(1) of the ***Charter;***

(d) s. 52(1) of the ***Constitution Act, 1982;***

(d) the ***Common Law***;

(e) such further statutory or constitutional provisions as counsel may advise.

264. The Plaintiffs therefore request:

(a) The relief set out in paragraphs 1 to 5 of the within the Statement of Claim;

(b) Costs of this action on full indemnity basis;

(c) Such other or further relief as counsel for the Plaintiff may advise and this Honourable Court grant.

265. The Plaintiff proposes that this action be tried in Toronto.

Dated at Toronto this 3rd day of July, 2020.

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Court File No:

VCC, et al -AND- Justin Trudeau, et al
Plaintiffs Defendants

(Short title of proceeding)

ONTARIO
SUPERIOR COURT OF JUSTICE

Proceeding Commenced at Toronto

STATEMENT OF CLAIM

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